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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3995

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

davidjfranklin93@gmail.com Email Address:

Foreign Limited Liability Company SOLARTSTEIN FUND GP LLC

Certificate of Status	
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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY-FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6051/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

Solarstein Fund GP t						
(Name of Foreign	Limited Liability Company; most include "Limite	d Liability	Company," "L.L.C.	" or "LI.C.")		
It name unavailable, coter alternate a	name adopted for the purpose of transmining business in Elo	nos The ai	temate name must exclud	de "La mica Liabili)	y Company.""I	.1 C. i= 11
Delaware		3				
(Jurisdiction water the law of which foreign funded hability company is organized)			(El'i nomber, il applicable)			
June 1, 2022						
	(Date first transacted business in Florida, if prior to a Occision one fils 1901 & 605 (1905). ES no determin	repistencion ne penalty (r adsitity i			
c/o Solarstein Fund GP LLC		6.	c/o Solarstein Fi	und GP LLC		
(Street Address of F	Emerpal Office)		(Mailing Address)			
3033 SW 98th Drive			3033 SW 98th	Drive		
Gainesville, FL 32608		_	Gamesville, FL	32608	-	
Name and street address	s of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)			
	0.7.0				<u>.</u>	ra eu
Name:	C T Corporation System					
Office Address.	1200 South Pine Island Road					
	Plantation		Florida	33324		<u> </u>
	(Uniya			(Zip code)		٠,٦

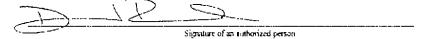
Registered agent's acceptance: Having been named as registere.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Title or Capacity:	Name and Address:	Title or Capacity	<u>v:</u>	Name and Address:
Munager	Name: David Franklin	Manager	Name:	
☐ Member	Address: c/o Solarstein Fund GP LLC	Member		
☐Authorized	3033 SW 98th Drive	Authorized		
Person	Gainesville, FL 32608	Person		
Other	Other	Other		Other
Manager	Name:	Manager	Nune:	
□Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person	***************************************	
Other	Other	Other		Other
Manager	Name:	Manager	Name:	
☐ Me mber	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other	·	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



N. . . 2.3 . P. (. P.

To:



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I. JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SOLARSTEIN FUND GP LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE THIRD DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



AMFERRY W. Bluffind a. Successary of States

Authentication: 204293230