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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

VCorp Agent Services, Inc.	3. 99-0471317 (FEI number, If applicable) (Date first transacted business in Florida, if prior to registration) (See sections 603.0904 & 603.0903, F.S. to determine penalty liability) Ilevard, Suite 500 6. 2000 Ponce de Leon Boulevard, Suite 500 (Milling Address) Coral Gables, Florida 33134 Of Florida registered agent: (P.O. Box NOT acceptable)	CF Growth Manageme	Limited Liability Company; must include "Limite	d Liabilit	Company," "L.L.C.," or "LLC.")			
Delaware (Initial diction under the law of which foreign limited Hability company is organized) (Date first transacted business in Florida, if prior to registration) (See sections 603.0904 & 603.0905, F.S. to determine penalty liability) 2000 Ponce de Leon Boulevard, Suite 500 (Mailing Address) Coral Gables, Florida 33134 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) VCorp Agent Services, Inc.	3. 99-0471317 (FEI number, If applicable) (Date first transacted business in Florida, if prior to registration) (See sections 603.0904 & 603.0903, F.S. to determine penalty liability) Ilevard, Suite 500 6. (Mailing Address) Coral Gables, Florida 33134 Of Florida registered agent: (P.O. Box NOT acceptable) VCorp Agent Services, Inc.							
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Upon qualification (Date first transacted business in Florida, if prior to registration) (See sections 603.0904 & 603.0905, F.S. to determine penalty liability) 2000 Ponce de Leon Boulevard, Suite 500 rect Address of Principal Office) Coral Gables, Florida 33134 Coral Gables, Florida 33134 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) allevard. Suite 500 6. (Mailing Address) Coral Gables, Florida 33134 of Florida registered agent: (P.O. Box NOT acceptable)	Delaware			99-0471317			
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voistered agent's acceptance:	(City), Florida (Zip code)	Name: Office Address:	VCorp Agent Services, Inc. 1200 South Pine Island Road Plantation (City)	K NOT 8	 , Florida		MAR - 8 PM 3: 3	
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Carrie Schramek Manager □Manager Name: _____ 2000 Ponce de Leon Boulevard □Member Address: □Member Suite 500 □ Authorized □ Authorized Coral Gables, Florida 33134 Person Person ☐ Other □Other_____ Other__ □Other___ Name: _____ Name: _____ □Manager □ Manager Address: □Member Address: Member ☐ Authorized ☐ Authorized Person Person □Other □Other____ □Other____ □Other_____ Name: □Manager Name: □ Manager □Member 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. Nonindexed 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. Signature of an authorized person

Typed or printed name of signee

Carrie Schramek

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CF GROWTH MANAGEMENT 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 TWENTY-SIXTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CF GROWTH MANAGEMENT LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2023.

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

Authentication: 204901848

Date: 12-26-23