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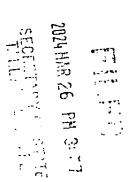
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	BroadSpan Asset Management LLC	:	
	-	Name of Limited Liability Company	
		iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.	
Please	return all correspondence concerning this	matter to the following:	
	Michael L Gerrard		
		Name of Person	
	BroadSpan Capital LLC		
		Firm/Company	
	1441 Brickell Avenue, Suite 15	1441 Brickell Avenue, Suite 1550	
		Address	
	Miami, FL 33131	Miami, FL 33131	
		City/State and Zip Code	
	mgerrard@brocap.com		
	E-mail addres	s: (to be used for future annual report notification)	
For fu	orther information concerning this matter, pl	lease call:	
Michael L Gerrard		305 606-3664	
	Name of Contact Perso	n Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following am Please make check payable to: FLORID		
	□ \$125.00 Filing Fee 52 \$130.00 Fi		

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 HABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA BroadSpan Asset Management LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L. L. C.," or "L.I.C.") Delaware 81-0652078 (Jurisdiction under the law of which foreign limited liability company is organized) (FE) number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S., to determine penalty liability) 1441 Brickell Ave., Suite 1550 1441 Brickell Ave., Suite 1550 (Street Address of Principal Office) Miami, FL 33131 Miami, FL 33131 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Michael L Gerrard Name: 1441 Brickell Ave., Suite 1550 Office Address: Miami , Florida (City) Registered agent's acceptance: 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. od agent's signature)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Leonardo Antunes Michael L Gerrard ■ Manager **■ Manager** 1441 Brickell Ave., Suite 1550 1441 Brickell Ave., Suite 1550 ☐ Member ☐ Member Miami, FL 33143 Miami, FL 33143 ☐ Authorized □ Authorized Person Person Other □ Other Other □ Other_____ Noah Kessler ■ Manager □ Manager Name: 1441 Brickell Ave., Suite 1550 □Member Address: ☐ Member Address: Miami, FL 33143 □ Authorized ☐ Authorized Person Person Other___ □ Other ☐ Other □Other__ □ Manager ☐ Manager Name: _____ Address: ☐ Member Address: □ Authorized □ Authorized Person Person 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.

Typed or printed name of signer

Michael L Gerrard

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

DELAWARE, DO HEREBY CERTIFY "BROADSPAN ASSET 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 EIGHTEENTH DAY OF MARCH, A.D. 2024.

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

Authentication: 203050262

Date: 03-18-24