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From:

Account Name : COMPUTERSHARE Account Number : 110432003053

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. 으리 *Enter the email address for this business entity to be used for future >> 문급nnual report mailings. Enter only one email address please.**

Pmail Address:

Foreign Limited Liability Company
Yoummday US LLC

| Certificate of Status | 1 |
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| Certified Copy | 0 |
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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 POLLOWING IS SUBMITTED TO RECISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

| Of name manajishle mterubarante | name adopted for the purpose of transacting business in F | Tarish The | | de at toda de Callina Ca | | 100 |
|---|--|----------------------------|-----------------------------|------------------------------|--------------------|------------|
| | mane scoped to sire purpose of a surscring outlines in r | IONICE. IN | eneturie beine timet tiicin | or "Limited Lizio(BB) Compen | r," "L.L.C." Of "I | JI.C.~) |
| 2. Delaware () unisoliction under the law of | which foreign limited liability company is organized) | 3. | | (FEI mumber, if applicable |) | |
| 1 | | | | | | |
| 4 | (Date first transacted business in Florida, 17 prior to (See sections 605,0904 & 605,0905, F.S. to determ | registratio ine penalty | n.) Historiity) | | | |
| 5. 3481 NE 17th T (Street Address of Principal Office) | | 6. | 3481 NE 17ti | | | |
| Oakland Park, Fl | _ 33334 | | Oakland Park | k, FL 33334 | 24 | |
| | | | | | HAY - | C HOIS |
| 7. Name and street addre | ess of Florida registered agent: (P.O. Box | NOT | acceptable) | | -8 PH 2: | CORPORA |
| Name: | Corporate Creations Network | k Inc. | | | 2: 4.9 | CHORATIONS |
| Office Address: | 801 US Highway 1 | | | | | |
| | North Palm Beach | | Florida | 33408 | | |
| | (City) | | | (Zip code) | | |

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.

/s/ Caitlin Lazarus Caitlin Lazarus, Special Secretary
(Registered agent's rignature)

| 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: | | | | |
| X]Manager | Name: Pablo Harisch | □Manager | Name: | | | | | |
| □Member | Address: 3481 NE 17th Terrace | □Member | Address: | | | | | |
| □Authorized | Oakland Park, FL 33334 | □ Authorized | | | | | | |
| Person | | Person | | | | | | |
| □Other | Other | □Other | | □Othe1 | | | | |
| | | | | | | | | |
| X iManager | Name: Matthias Lenk | □Manager | Name: | | | | | |
| □Member | Address: 3481 NE 17th Terrace | □Member | Address: | | | | | |
| □Authorized | Oakland Park, FL 33334 | □Authorized | | | | | | |
| Person | | Person | | | | | | |
| □Other | Other | □Other | | Other | | | | |
| | | | | | | | | |
| □Manager | Name: | □Manager | Name: | | | | | |
| □Member | 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. 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 1 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. | | | | | | | | |
| /s/ Caitlin Lazarus | | | | | | | | |
| Signature of an authorized person | | | | | | | | |

Typed or printed name of signee

Caitlin Lazarus, Attorney-in-Fact



Page 1

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

DELAWARE, DO HEREBY CERTIFY "YOUMMDAY US 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 EIGHTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "YOUMMDAY US LLC" WAS FORMED ON THE THIRTIETH DAY OF APRIL, A.D. 2024.

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

Authentication: 203423803

Date: 05-08-24

3558185 8300 SR# 20241952744