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To:

Division of Corporations  
Fax Number : (850)617-6383

Account Name : Vcorp SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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

Email Address: \_\_\_\_\_

### Foreign Limited Liability Company

#### Project Primus Fund GP, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

APPROVAL  
AND  
FILED  
2024 JUN 19 PM 2:20  
JUL 18 2024  
K. Brumbley

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2024 JUN 19 AM 8:52

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
FAX MAIL ROOM

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Project Primus Fund GP, LLC  
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP")

Delaware 99-5059703  
(State or jurisdiction under the laws of which foreign limited liability company is organized) (EIN number, if applicable)

4 9800 Wilshire Boulevard  
(Date first transacted business in Florida - if prior to registration, see sections 605.003 & 605.005, F.S., to determine penalty liability)

5 9800 Wilshire Boulevard 9800 Wilshire Boulevard  
(Street Address of Principal Office) (Mailing Address)  
Beverly Hills, CA 90212 Beverly Hills, CA 90212

7 Name and street address of Florida registered agent (P.O. Box NOT acceptable)

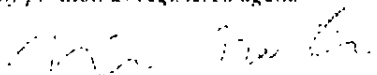
Name Vcorp Agent Services, Inc.

Office Address 1200 South Pine Island Road

Plantation 33324  
(City) (State) (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.*

  
(Registered Agent's signature)

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CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
IN AND FOR FLORIDA

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]

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>                | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|--|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager               | Name: <u>Rami Shubbak</u>               | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: <u>9800 Wilshire Boulevard</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | <u>Beverly Hills, CA 90212</u>          | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                   | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager           | <br>Name: <u>Ezzadeen Soleiman</u>      | <br><input type="checkbox"/> Manager | <br>Name: _____                      |
| <input type="checkbox"/> Member                | Address: <u>9800 Wilshire Boulevard</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | <u>Beverly Hills, CA 90212</u>          | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                   | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager           | <br>Name: _____                         | <br><input type="checkbox"/> Manager | <br>Name: _____                      |
| <input type="checkbox"/> Member                | Address: _____                          | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized            | _____                                   | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                   | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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.

Digitally signed by Rami Shubbak  
 Signature of an authorized person  
 Rami Shubbak  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROJECT PRIMUS 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 EIGHTEENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROJECT PRIMUS FUND GP LLC" WAS FORMED ON THE FIRST DAY OF APRIL, A.D. 2024.

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



3360457 8300

SR# 20243181414

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203962678

Date: 07-18-24