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Florida Department of State

Division of Corporations

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Foreign Limited Liability Company
TECHSTARS SOLUTIONS, LLC

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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:

1. TECHSTARS SOLUTIONS, LLC
(Name of Foreign Limited Liability Company (must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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 "LLC.")

2. DELAWARE
(Jurisdiction under the laws of which foreign limited liability company is organized)

3. APPLIED FOR
(FEI number, if applicable)

4. UPON REGISTRATION
(Date first transacted business in Florida, if prior to being registered)
(See sections 605.0904 & 605.0905, F.S. to determine penalties)

5. 19101 MYSTIC POINTE DRIVE
SUITE 1706
AVENTURA, FLORIDA 33180
(Street Address of Principal Office)

6. 19101 MYSTIC POINTE DRIVE
SUITE 1706
AVENTURA, FLORIDA 33180
(Mailing Address)

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

Name: JOSE PABLO BERTUZZI

Office Address: 19101 MYSTIC POINTE DRIVE, SUITE 1706

AVENTURA (City), Florida 33180 (Zip code)

2024 JUL 22 PM 3:08

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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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:
■Manager	Name: JOSE PABLO BERTUZZI	☐Manager	Name:
☐Member	Address: 19101 MYSTIC POINTE DRIVE	☐Member	Address:
☐Authorized Person	SUITE 1706, AVENTURA, FL 33180	☐Authorized Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized 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.

Signature of an authorized person

JOSE PABLO BERTUZZI

Typed or printed name of signer

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TECHSTARS SOLUTIONS, 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 FIFTEENTH DAY OF JULY, A.D. 2024.

Jeffrey W. Bullock, Secretary of State

4237537 8300

SR# 20243136559

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You may verify this certificate online at corp.delaware.gov/authver.shtml