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TO:

Registration Section

вјест:	Name of Limited Liability Company				
enclose stence, a	d "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Fl			
se returi	n all correspondence concerning this matter to	o the following:			
	Nicholas D. Myers				
		Name of Person			
	The Myers Law Group				
		Firm/Company			
	4695 MacArthur Court, Suite 200				
		Address			
	Newport Beach, CA 92660				
	C	City/State and Zip Code			
	corporate@myers.law				
	E-mail address: (to be	e used for future annual report notification)			
further i	information concerning this matter, please ca	II:			
Austin Vue		949 825-5590 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address:		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
	illahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
En	closed is a check for the following amount:				
	ease make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe				
<u></u>	\$125.00 Filing Fee \$130.00 Filing Fe				

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

IN COMPILANCE WITH SECTION 605 0902, FLORIDA STATUTEX THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Kabayan Capital (USA) LLC Limited Liability Company, must include "Limite	d Liability ('omnany "" (" or " (")		
(Haine of Foreign	tainined fationing Company, must herade tainine	u maonity (ompany, make, or nice i		
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida The alt	ernate name must include "Limited Lial	bility Company," "L.L.C."	or "LLC ")
Delaware 2.		3			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI numbe	r, if applicable)	
4. February 13,	. 2024				
<i>J</i> '	(See sections 605 0904 & 605,0905, F.S. to determ	registration) ine penalty lia	ability)		
7901 4th Street N, Ste 5.		6. <u> </u>	901 4th Street N, Ste 300		
5. (Street Address of Principal Office)		· _	(Mailing Address)		
St. Petersburge, Florida	1 33702	S _	t. Petersburg, FL 33702		
Name and <u>street address</u>	ss of Florida registered agent: (P.O. Box	 : <u>NOT</u> ac	ceptable)	202	
Name:	Northwest Registered Agent LLC		<u> </u>	2024 SEP -4	=
Office Address:	7901 4th Street N. Ste 300			PH	
	St. Petersburg		33702 . Florida	11 4: 22	
	(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.

(Registered agent's signature)

manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: _ Kabayan Capital Limited Name: Simon Robets □Manager □Manager The Eco Business Centre The Eco Business Centre **■**Member ■ Member Charlotte Ave Bicester, Oxfordshire Charlotte Ave Bicester, Oxfordshire □ Authorized □ Authorized OX27 8BL, United Kingdom OX27 8BL, United Kingdom Person Person □Other____ □Other Other_ □Other Analiza Roberts □Manager Name: _____ □Manager The Eco Business Centre Address: ______ □Member ■ Member Charlotte Ave Bicester, Oxfordshire \square Authorized ☐ Authorized OX27 8BL, United Kingdom Person Person □Other____ Other _____ Other__ □Other_____ Name: _____ □Manager □Manager Address: _____ Address: □Member □Member ☐ 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. Nicholas D. Myers

Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to



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

DELAWARE, DO HEREBY CERTIFY THAT "KABAYAN CAPITAL (USA) LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-NINTH DAY OF APRIL,

A.D. 2021, AT 4:07 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

Authentication: 204163378

Date: 08-14-24

5884030 8315 SR# 20243071846