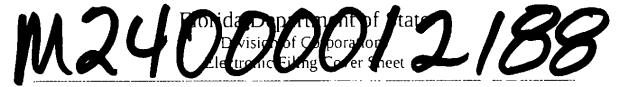
Division of Corporations

Fax: 8134365206



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

៊ីដីEmail Address:__

Foreign Limited Liability Company **Discover Portofino LLC**

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

IN COMPLIANCE WITH SECTION #15,0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign | Limited Liability Company; must include "Limites | d Liability Com | oany," "L.H.C.," or "LLC") | | |
|--|---|--------------------------------|--|----------------------------|--|
| (II name unavailable, enter alternate) | name adopted for the purpose of transacting business in FE | orida. The alterna- | e name must include "Limited Liability Cor | mpany," "L.L.C," or "LLC," | |
| DE | | 93. | 1777712 | | |
| 2. (Ainsdiction under the law of which foreign limited liability company is organized) | | 3. (FEI number, if applicable) | | | |
| 4 | Dog for type seted business in Thirds of more to | tenstration) | . . | | |
| | (Date first transacted business in Florida, if prior to (See sections 60) 1994 & 60) 1995, F.S. to determine | ine penalty trabilit | S 1 | | |
| 7901 4th St N STE 300 | | 790 | 7901 4th St N STE 300 | | |
| 5. (Street Address of Principal Office) | | b | (Mailing Address) | | |
| St. Petersburg, F | L 33702 | St. | Petersburg, FL 33702 | | |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Box | NOT accep | table) | 438 k7n2 | |
| Name: | Registered Agents Inc | | _ | ~ | |
| Office Address: | 7901 4TH ST N STE 300 | | _ | 0 PH | |
| | ST. PETERSBURG | | 33702 Florida | ် သ | |
| | (Cay) | | (Zip code) | က် | |

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 sugliture)

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 | <u>:</u> | Name and Address: |
|--------------------|--------------------------|-------------------|---------------|---------------------------------------|
| □Manager | Name: Tsu, Peter | □Manager | Name: | |
| ■Member | Address: | □Member | Address: | |
| □Authorized | 7901 4th St N STE 300 | □Authorized | | |
| Person | St. Petersburg, FL 33702 | Person | | |
| □Other | Other | Other | | □Other |
| □Manager | Nume: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | □Authorized | | · · · · · · · · · · · · · · · · · · · |
| Person | | Person | | |
| □Other | □Other | □ Other | | □ Other |
| ⊔Manager | Name: | ∐Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | □Authorized | | |
| Person | | 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.

| Robin Jones | Exped or printed name of source | |
|-------------|-----------------------------------|--|
| - I | Signature of an authorized derson | |
| Robin | Loney | |

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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "DISCOVER PORTOFINO 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 JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DISCOVER PORTOFINO LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2023.

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

at corp.delaware.gov/auth

Authentication: 203873667

Date: 07-08-24