From: David Thomas

10/18/24, 4:41 PM

Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (614)573-3996 Fax Number

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

Email Address: _mswanson@olympusventures.com

Foreign Limited Liability Company **QUEEN VENTURES LLC**

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

IN COMPLIANCE WITH SECTION (05:00)2, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

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8. For initial indexing purposes, l	list names, title or	r capacity and addresse	s of the primary	members/managers (or persons authorized to
manage (up to six (6) total):					

Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
Manager	Name: Karon Toni	□Manager	Name:	
■Member	Address: 999 Vanderbilt Beach Rd	⊡Member	Address;	
□Authorized	Suite 710	□Authorized		
Person	Naples FI, 34108	Person		
□Other	□ Other	[]Other		□ Other
∏Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□()ther	ClOther	□Other	<u></u>	□()ther
∰Manager	Name:	ŨManager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		HAuthorized		
Person		Person		
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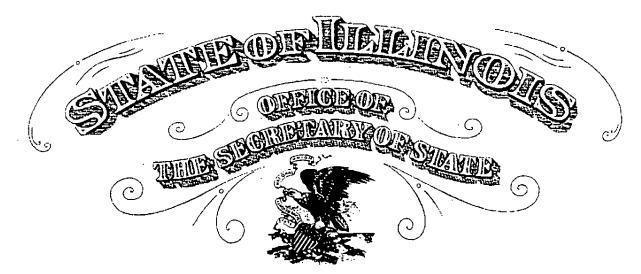
<u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

Karan Dere			
	Signature of an authorized person		
Karon Toni			
	Typed or printed name of signee		

File Number

0929348-5



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

QUEEN VENTURES LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 23, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH

day of OCTOBER A.D. 2024

Authentication #, 2429202090 verifiable until 10/18/2025

Authenticate at, https://www.ilsos.gov

Allife Glassonia ____