Division of Corporations

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Division of Corporations

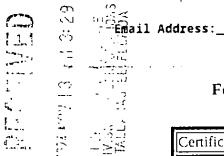
Fax Number : (850)617-6383

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.



Foreign Limited Liability Company DHI Fund LLC

Certificate of Status	0
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Help

Fax: 813436**5**206

To: 18506176383

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

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Florida	i. The a	alternate name must include "Limited Erability Compar	is." "L.l. C." or "Ll	
DE		81-3938614			
(Jurisdiction under the law of which foreign lumited liability company is organized)		(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to regis (See sections 605-0904-R-605-0905, F-S-to determine p	Iralion enalty	.) Babilasi		
7901 4th St N STE 300			7901 4th St N STE 300 (Nailing Address)		
St. Petersburg, FL 33702		St. Petersburg, FL 33702			
Name and street address	ss of Florida registered agent: (P.O. Box N	<u>OT</u> a	acceptable)		
Name:	Northwest Registered Agent LL			202477713	
Office Address:	7901 4TH ST N STE 300			3 /:::	
	ST. PETERSBURG		33702 , Florida	<u>လ</u> ယ	

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.

11/13/2024 11:31:55 PST

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: Mendenhall, Brandon	□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	Name:	☐ 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

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

Nat Smith

Eyped or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "DHI FUND, 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 SEVENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DHI FUND, LLC"

WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2016.

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

at corp. gelaware, gov/auth

Authentication: 204815756

Date: 11-07-24