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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023 Phone : (614)280-3338 : (614)573-3996 Fax Number

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

Email Address: AJung@goodwinlaw.com

## Foreign Limited Liability Company Las Olas VC III GP. LLC

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K. SALY

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From, Kaity Toon

Page: 3 of 5

IN FLORIDA

IN COMPLANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY

It name anovariable, onter alternate i	name adopted for the purpose of transacting bissuress in E	lumba. The attern	nate name unist include "I muted I ability	Company.""I I C. Toe "I	I (* ''')
Dolaware		3	(l'Fl number, if a		
Gurisdaction under the law of which foreign limited liability company is organized:			(VFI number, if a	.( applicable)	
December 20				_	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to detern	registration ) nne penalty habil	nyı		
200 E Las Olas Boulevard, Suite 1400		რ	200 F Las Olas Boulevard, Suite	1400	
Street Address of Principal Office)			(Mailing Address)		
Fort Lauderdale, Florida 33.	Fort Fauderdale, Florida 33301		Fort Lauderdale, Horida 33301		
7 - Namu and etmat addisa	s of Florida rouistoned about 12 O. Ro	NOT soce	entable)	2025	<del>-</del> n
	65 of Florida registered agent: (P.O. Bo: C T Corporation System	k <u>NOT</u> acce	piable)	JAN -2	FILE
7. Name and <u>street addres</u> Name:  Office Address:		x <u>NOT</u> acce	piable)	JAN -2	FILED
Name:	C T Corporation System  1200 South Pine Island Road  Plantation				FILEU
Name:	C T Corporation System  1200 South Pine Island Road  Plantation			JAN -2	FILED

Title of Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: Nathaniel Vasel	□Manager	Name:	
□Member	Address: 200 E Las Olas Boulevard, Suite 1400	□Member	Address:	
ŬAuthorized	Fort Lauderdale, Florida 33301	□ Authorized		
Person		Person		
□Other	Other	□Other		□Other
⊡Manager ⊡Member	Name:Address:	□Manager □Member	Name:	200
□Authorized		□Authorized		Si Si
Person		Person		0 TS
□Other	Other	□Other		□Other
⊒Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
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Person		Person		
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indexed individuals  9. Attached is a cert jurisdiction under th of the translator mus  10. This document i	se an attachment to report more than six (6). The may be added to the index when filing your Floralificate of existence, no more than 90 days old, dule law of which it is organized. (If the certificate is at be submitted)  s executed in accordance with section 605,0203 (ment to the Department of State constitutes a third	da Department of State y authenticated by the s in a foreign language  (b) Florida Statutes degree felony as provi	: Annual Rep official havir , a translation . I am aware t	ort form.  ng custody of records in the for the certificate under out  hat any false information

Nathaniel Vasel

Typed or printed name of signer



Page 1

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

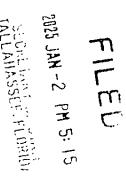
DELAWARE, DO HEREBY CERTIFY "LAS OLAS VC III GP, LLC" IS DULY

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 TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2024.

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





10045854 8300

SR# 20244619412

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Date: 12-27-24