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CT CORP

(850) 656- 4724 3458 lakesore Drive Taliahassee, FL 32312

06/18/2025

D	ate:	06/18/2025	- w: DW
		Acc#I20160000072	- 4:()= V
Name:	Silver Lane	e, LLC	
Document #:			
Order #:	16183207		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount	:\$ 1 <u>5</u> 5.00	

Thank you!

COVER LETTER

SUBJECT:	Silver Lane LLC					
Name of Limited Liability Company						
The enclosed Existence, an	"Application by Foreign Limited Liability (d 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 Florid				
Please return	all correspondence concerning this matter to	o the following:				
	Jonathan Naiman					
		Name of Person				
	Silver Lane LLC. (d.b.a Silverlane Tec	chnology)				
		Firm/Company				
	4600 S. Syrarcuse St. Fl. 9					
	<u> </u>	Address				
	Denver, CO 80237					
	C	ity/State and Zip Code				
	jon.naiman@silverlanetechnology.com					
	E-mail address: (to be	used for future annual report notification)				
For further in	formation concerning this matter, please cal	N:				
Jon	Naiman	303 875-9094 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
	ling Address:	Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
1 31	lahassee, FL 32314	Tallahassee, FL 32303				
Gne	losed is a check for the following amount:					

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flor	rida. The alternate	name must include "Limited Lial	oility Company," "I. I. C," or	r "1.1.C
Colorado			702560		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)			
2/19/2024					
	(Date first transacted business in Florida, if prior to re (See sections 605 0901 & 605 0905, F.S. to determine	gistration) e penalty liability)			
4600 S. Syracuse St.		4600	S. Syracuse St.		
eet Address of Principal Office)		6	Mailing Address)		_
F1.9		F1.9			
Denver, CO 80237		Denve	er. CO 80237		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	able)	2025 JUN	
Name:	C T Corporation System	····	-	<u> </u>	FILE
Office Address:	1200 South Pine Island Road		-	PM 2:	_
	Plantation		33324 . Florida	្តី ភ្នំ ភ្នំ	
	(City)	-	(Zip code)		

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. Dara Kepner

C T Corporation System

By: Sara Kepner, Assistant Secretary

(Registered agent's signature)

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Jon Naiman Name: □Manager Name: _____ ■ Manager 4600 S. Syracuse St. □Member Address: _____ □Member Fl. 9 □ Authorized □ Authorized Denver, CO 80237 Person Person Other ____ Other____ □Other____ □ Other____ Name: _____ □ Manager □Manager Name: □ Member Address: Address: _____ □Member ☐ Authorized □ Authorized Person Person □Other____ Other____ Other C0ther___ Name: Name: _____ □Manager □ Manager Address: □ Member Address: □Member □ 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. 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. DocuSigned by: Jon Miman Signature of an authorized person Jonathan Naiman

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Silver Lane, LLC

is a

Limited Liability Company

formed or registered on 05/20/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161346238.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/16/2025 that have been posted, and by documents delivered to this office electronically through 06/17/2025 @ 10:45:37.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/17/2025 @ 10:45:37 in accordance with applicable law. This certificate is assigned Confirmation Number 17408931



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearchCriteria.do entering the certificate is confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov/click"Businesses, trademarks, trade names" and select "Frequently Asked Questions"