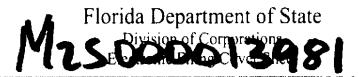
Division of Corporations



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## Foreign Limited Liability Company Voloridge HSP Holdings, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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## 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

elaware (Jurisdiction under the law of s			
Jurisdiction under the law of s		3.	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number	, if applicable)
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration ) e penalty (iability)	<del>_</del>
110 Front Street, Suite 400		110 Front Street, Suite 400	
eet Address of Principal Office)		6. (Mailing Address)	
Jupiter, FL 33477		Jupiter, FL 33477	
ame and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	025
ame and street addre  Name:	Mark M. Kamp	NOT acceptable)	2025 OCT -3
		NOT acceptable)	` -
Name:	Mark M. Kamp	NOT acceptable)  33477 , Florida	- <del>-</del> 3

(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Voloridge Holdings, LP	□Manager	Name:
■Member	Address: 110 Front Street, Suite 400	□Member	Address:
□Authorized	Jupiter, FL 33477	□Authorized	
Person		Person	
Other		Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person	<u> </u>	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.

/S/ Sapphire Marquez	
Signature of an authorized person	
Sapphire Marquez, Attorney-in-Fact	
Typed or printed name of signee	

## Delaware The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "VOLORIDGE HSP HOLDINGS, 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 FIRST DAY OF OCTOBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VOLORIDGE HSP HOLDINGS, LLC" WAS FORMED ON THE EIGHTH DAY OF MAY, A.D. 2025.

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

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 204916238

C. G. Sanchez

Date: 10-01-25