

3/9/2021

Division of Corporations

H2100002722

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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2:11:11

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

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**Foreign Limited Liability Company
JupiterEx Holding, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

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3/11/21

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. JupiterEx Holding, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 86-2126789 (EIN number, if applicable)

4. Upon qualification.
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1340 Treat Blvd., Suite 375 (Street Address of Principal Office)
6. 1340 Treat Blvd., Suite 375 (Mailing Address)

Walnut Creek, CA 94597 Walnut Creek, CA 94597

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.

C T Corporation System by Kimberly Laughrey [Signature]

(Registered agent's signature)

DocuSign Envelope ID: 0533CE7C-C9A0-42E9-A00A-C4A66E9CFDCE

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:

Manager Name: Chintan Meher

Member Address: 5200 Town Center Cir., 4th Flr

Authorized Boca Raton, FL 33486

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Elizabeth de Saint-Aignan

Member Address: 5200 Town Center Cir., 4th Flr.

Authorized Boca Raton, FL 33486

Person _____

Other _____ Other _____

Manager Name: James Morris

Member Address: 5200 Town Center Cir., 4th Flr

Authorized Boca Raton, FL 33486

Person _____

Other _____ Other _____

Manager Name: Fima Katz

Member Address: 1340 Treat Blvd., Suite 375

Authorized Walnut Creek, CA 94597

Person _____

Other CFO & Pres Other _____

Manager Name: Julia Schlatter

Member Address: 1340 Treat Blvd., Suite 375

Authorized Walnut Creek, CA 94597

Person _____

Other CFO Other _____

Manager Name: _____

Member Address: _____

Authorized _____

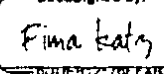
Person _____

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.

DocuSigned by:

 Fima Katz
 Signature of an authorized person

Fima Katz

 Typed 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 "JUPITEREX HOLDING, 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 NINTH DAY OF MARCH, A.D. 2021.

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



5097341 8300

SR# 20210849866

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202689570

Date: 03-09-21