B22000000169

(D	And November	
(Reques	stor's Name)	
(Addres	s)	-
(Āddres	s)	
(Citv/St	ate/Zip/Phone #)	
(01,1,751.		
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(,	
(Daniel	N. I I X	
(Docum	ent Number)	
Certified Copies	Certificates of S	tatus
Special Instructions to Filin	n Officer:	
Special instructions to mini	y Officer.	

Office Use Only



400384849094

2022 APR 13 AM 8: 38

MED IS NOT THE D

S. ROBERTS APR 1 3 2022

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
complete@des.myflorida.com

corphelp@dos.myflorida.com 850-245-6051 FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 4/13/2022

PRIORITY Routine

OUR REF # (Order ID#) Courtney

ORDER ENTITY

LC HOLDCO 2 LP

PLEASE PERFORM THE FOLLOWING SERVICES:

LC HOLDCO 2 LP

Please file the attached qualification document.

NOTES:

\$1,000.00 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

L LC Holdco 2 LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., UP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. 2. Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 87-1343589 5. Name of Registered Agent for Service of Process and Florida Street Address: Incorporating Services, Ltd. 1540 Glenway Drive Tallahassee, FL 32301 6. 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. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 50 S Main ST STE 1100 50 S Main ST STE 1100 Akron, OH 44308 Akron, OH 44308 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: Laird Treasury Limited Co. Name of General Partner: 100 Pall Mall Street Address: Street Address: London, UK SW1Y 5NQ Mailing Address:___ Mailing Address: Name of General Partner: Name of General Partner: Street Address: _____ Mailing Address: _____ Mailing Address:

Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
	rys after the date this document is filed by the Florida Department of State.) The applicable statutory filing requirements, this date will not be listed as the street records.
	cated, not more than 90 days prior to the delivery of this application to the or other official having custody of the entity's records in the jurisdiction under
Signed this 2 day of Febru	20 22
	Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional): \$52.50 \$8.75

Page 2 of 2

Page 1



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

DELAWARE, DO HEREBY CERTIFY "LC HOLDCO 2 LP" 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 FOURTEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LC HOLDCO 2 LP"
WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2021.

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

Authentication: 202399937

Date: 01-14-22