## 2415/2414:56.PA Division of Corporations ations Filing rer Sha

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000063949 3)))



H240000639493ABC4

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

### Foreign Limited Liability Company Ganda Holdco LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu Help

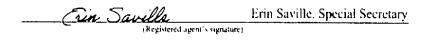
# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Ganda Holdco LLC					
(Name of Foreign	Limited Liability Company: must include "Limited	d Liability Compan	y," "L.H.,C.," or "LI,C.")		
Of name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	เพาซ์ส. The alternate เม	ime must include "Limited Liabi	lity Company," "L.L.C," or "L	.f.t* '')
Delaware 2	hich foreign limited liability company is organized)	3			
Durisdiction under the law of w	high foreign limited liability company is organized)	3. [FEI number, if		if applicable)	
Upon Filing					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determi	registration.) ne penalty liability)			
390 Casuarina Concourse			suarina Concourse		
3. Street Address of Principal Office)	treet Address of Principal ((ffice) (Mailing Address)				
Coral Gables, Ft. 3314	3 v	Coral C	iables, FL 33143	2024 FEB	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptab	le)	5	
Name:	Corporate Creations Network Inc.			原 三	+ <del>1</del> -125 1 1 ~~27
Office Address:	801 US Highway 1			一名主	,
		·			
	(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.



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: Guy Vanderhaegen	≣Manager	Name: Natacha Standaert
□Member	Address: 390 Casuarina Concourse	□Member	Address: 390 Casuarina Concourse
□Authorized		□Authorized	
Person	Coral Gables, FL 33143	Person	Coral Gables, Fl. 33143
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	MI-E
Other	□Other	□Other	Other
∃Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		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.

Signature of an authorized person			
Erin Saville, Attorney-In-Fact			
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 "GANDA HOLDCO 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GANDA HOLDCO"

LLC" WAS FORMED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2024.

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

Authentication: 202820065

Date: 02-15-24