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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****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 PROFIT/NONPROFIT CORPORATION

AMZ GP, Inc

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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Corporate Filing Menu

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AMZ GP, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Cindy Oberdorff

Name of Person

Kirkland & Ellis LLP

Firm/Company

300 North LaSalle

Address

Chicago, IL 60654

City/State and Zip code

ramara@goldengatecap.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rajeev Amara

at (415) 983-2773

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AMZ GP, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3.

(FBI number, if applicable)

4. December 19, 2012

(Date of incorporation)

5.

Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Embarcadero Center, 39th Floor, San Francisco, CA 94111

(Principal office address)

One Embarcadero Center, 39th Floor, San Francisco, CA 94111

(Current mailing address)

8. Holding company

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. 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

(City)

Florida 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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:

Angel Shearer

Angel Shearer
Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Rajeev Amara

Address: One Embarcadero Center, 39th Floor, San Francisco, CA 94111

Director: Prescott Ashe

Address: One Embarcadero Center, 39th Floor, San Francisco, CA 94111

B. OFFICERS

President: _____

Address: _____

Vice President: Rajeev Amara

Address: One Embarcadero Center, 39th Floor, San Francisco, CA 94111

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

14. Rajeev Amara, Vice President

(Typed or printed name and capacity of person signing application)

FILED
13 JAN -4 AM 11:42
SECRETARY OF STATE
PALM BEACH, FLORIDA

FILED
13 JAN -4 AM 11:42
SECRETARY OF STATE
ALLAHABAD, INDIA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Rajeev Arora

Address: One Embarcadero Center, 39th Floor, San Francisco, CA 94111

Director: Prescott Ashe

Address: One Embarcadero Center, 39th Floor, San Francisco, CA 94111

B. OFFICERS

President: _____

Address: _____

Vice President: Rajeev Arora

Address: One Embarcadero Center, 39th Floor, San Francisco, CA 94111

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.317.155, F.S.

14. Rajeev Arora, Vice President

(Typed or printed name and capacity of person signing application)

Addendum of Additional Officers

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

FOR AMZ GP, Inc., a Delaware corporation

12.B. OFFICERS

Vice President: Prescott Ashe, One Embarcadero Center, 39th Floor, San Francisco, CA 94111

Assistant Secretary: Prescott Ashe, One Embarcadero Center, 39th Floor, San Francisco, CA 94111

Assistant Treasurer: Rajeev Amara, One Embarcadero Center, 39th Floor, San Francisco, CA 94111

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN -4 AM 11:42

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Delaware

The First State

PAGE 1

SECRETARY OF STATE
JANUARY 4, 2013
11:42 AM

13 JAN -4 AM 11:42

FILED

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMZ GP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5262377 8300

130015186

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



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0120308

DATE: 01-04-13