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SECURIARIST OF STATE
SECURIARIST OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TPG Rewards Inc. Name of corporation - must include suffix
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:
REGINALD HAUGHTON Name of Person TPG REWARDS INC. Firm/Company
Name of Person
TPG REWARDS INC.
i min company
Z9 BROADWAY, 14TH FLOOR Address
Address Single -
City/State and Zip code Chaughton @ Tpany. com Email address: (to be used for future annual report notification)
City/State and Zip code
Thaughton@togny.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (212) 447-6206 Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building. 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration 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 □

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BU	
(Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)
2. (State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 1-24-2006 5.	
(Date of incorporation)	(Date of duration, if other than perpetual)
6. 7-1-2016.	
(Date first transacted business in I	lorida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.150	
7. DO DROODWAY IT Floor	NEW Jak 11, 1000.
(Principal	office address)
(Current mailing	address, if different)
P. Name and about address of Florida maintain decrease (D.O.	Por NOTicocentoble)
8. Name and <u>street address</u> of Florida registered agent: (P.O.	DOX. NOT acceptable)
Name: NEI Solomon.	— mg s m
Office Address: 6749 NW 128Th May	
	, Florida
(City)	(Zip code)
9. Registered agent's acceptance:	
Having been named as registered agent and to accept service designated in this application, I hereby accept the appointment	e of process for the above stated corporation at the place
further agree to comply with the provisions of all statutes re	ative to the proper and complete performance of my
duties, and I am familiar with and accept the obligations of	my position as registerea agent.
Aud Solim	
(Registered ag	ent's signature)
•	· ·

10. 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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: John Galinos
Address: 29 ABROODWay - 14Th Floor.
NEW YORK NY. 10006.
·Vice Chairman: N=11 Solomon.
Address: 6749 NW 128Th Way.
Lackland FT. 33076.
Director: GEORGE Patilis
Address: 29 Broadway - 14th Floor
NEW YORK 14. 10006.
Director: Edward HEDDER.
Address: 29 ARRONGINGY - 14" Floor.
New York NY. 1000C.
B. OFFICERS
President: John Galinos
Address: 29 Boodway - 14 Floor.
NEW YORK WY. 10006.
Vice President:
Address:
·Secretary: NEI Solomon'
Address: 6749 NW 128th Way tarkland FT. 33076.
Treasurer: REGING & LAUGHTON.
Address: Da Broodway HT Floor New York NY. 10006.
NOTE: If peressary, you may attach an addendum to the application listing additional officers and/or directors.
12
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.
13. PEGING & -AUCHTON. CFOT
(Typed or printed name and capacity of person signing application)



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

A. DIRECTORS Chairman: ___ Address: 🔟 Vice Chairman: Mint chev. Director: 10015. Address: .__ Director: Address: 5 B. OFFICERS President: Address: Vice President: Address: Secretary: Treasurer: .__ Address: ___ NOTE: If necessary, you hay attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director/sighing this document (and who is listed in number 11 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. MEGINALD (Typed or printed name and capacity of person signing application)

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TPG REWARDS 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 THIRTIETH DAY OF JUNE, A.D. 2016.

SEQUENCES OF STATE



4098386 8300

SR# 20164726419

Authentication: 202592464

Date: 06-30-16

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