MITOCOCIOOAO

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u>;</u>

Office Use Only



900304917829

FE IN HE OS VON THE

D 500TT

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32303 Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195
---------	-----	---	--------------

REFERENCE : 934760 4320702

AUTHORIZATION :

COST LIMIT : (\$\sqrt{125.00}\)

ORDER DATE: November 30, 2017

ORDER TIME : 11:38 AM

ORDER NO. : 934 760-010

CUSTOMER NO: 4320702

FOREIGN FILINGS

NAME: PH INVESTORS TPG ASIA VII, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED | COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:

	egistration Section ivision of Corporation	•				
SUBJECT	PH Investors TPG A	sia Ý II, LLC				
(OBOECT		Name of I	imited Liability C	'ompany		-
The enclose	ed "Application by Fore and check are submitted	ign Limited Liability Comp to register the above refere	any for Authorizat need foreign limit	tion to Trar ed liability	isact Business in Florida. company to transact busi	." Certificate of iness in Florida
lease retu	irn all correspondence o	oncerning this matter to the	following:			
	RcKeithen Mille	r				
		Ne	ime of Person			-
	Palisades Hudso	n Asset Management, Inc.				
		Fi	rm/Company			_
	200 S.W. First A	Avenue, Suite 1250				
	·		Address			-
	Fort Lauderdale	, Florida 33301				
		City/St	tate and Zip Code			_
	RcKeithen@pali:	adeshudson.com				
		E-mail address: (to be used	l for future annual	report noti	fication)	_
For further	r information concerning	g this matter, please call:				
н	ReKeithen Miller		954 at (524-555	32	
_	Name o	f Contact Person	Area Code	Dayt	ime Telephone Number	_
D R P	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 'allahassee, FL 32314	.		Division of Registrati Cliffon Br 2661 Exe	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301	PACITY CS-C3 - LT
	is a check for the follow		□ 51 55 00 EU.	na Kan K	□ \$160.00 Filing Fee.	Confidents
L	□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filia Certified Copy		of Status & Certified C	
		4				。 二 二

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

IN COMPLIANCE WITH SECTION (05.00), FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	VII, LLC	41.4.1.2.2	
(Name of Poreign I	imited Liability Company, must include "Limite	ed Liability Company," "L.L.C.," or "LLC."	-1
name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flo	rids. The alternate name must include "Lamited Li	iability Company ""LLC" (# "LLC")
Delaware	1		
	sch forcign himsted liability conspany is (regarized)	3	tiber, if applicable)
	,		
	(Date first transacted business in Florida, if pions to	repstration (
**************************************	(See sections 605 0904 & 602 0905, F.S. to determ	• •	
200 S.W. First Avenue		6. 200 S.W. First Avenue	htress)
Suite 1250		Suite 1250	ma Cary
Fort Lauderdale, Florid	a 33301	Fort Lauderdale, Florida	33301
	····		
Name and street address	s of Florida registered agent: (P.O. Box	(NOT acceptable)	
		· 2.32) weedplaine)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee	32361	
	(Cin.)	, Florida 32301 (Zapco	
gistered agent's accept	tance:		
	ons of all statutes relative to the proper of my position as registered agent Corporation Service Company		ct in this capacity. I further agree y duties, and I am familiar with Roxanne Turne
	of my position as registered agent Corporation Service Company By:	r and complete performance of my	y duties, and I am familiar with Roxanne Turne
d accept the obligations	Corporation Service Company By: (Registered agent's	y and complete performance of my	Roxanne Turne Asst. Vice Presid
The name, title or capa	Corporation Service Company By: (Registered agent's acity and address of the person(s) who h	as/have authority to manage is/are:	Roxanne Turne Asst. Vice Presid
The name, title or capa	Corporation Service Company By: (Registered agent's acity and address of the person(s) who have and Address:	y and complete performance of my	Roxanne Turne Asst. Vice Presid
The name, title or capa	Corporation as registered agent Corporation Service Company By: (Registered agent's acity and address of the person(s) who have and Address: Larry M. Elkin	as/have authority to manage is/are:	Roxanne Turne Asst. Vice Presid
The name, title or capa	Corporation as registered agent Corporation Service Company By: (Registered agent's secity and address of the person(s) who have and Address: Larry M. Elkin 200 S.W. First Aye., Stc. 125	as/have authority to manage is/are:	Roxanne Turne Asst. Vice Presid
The name, title or capa	Corporation as registered agent Corporation Service Company By: (Registered agent's acity and address of the person(s) who have and Address: Larry M. Elkin	as/have authority to manage is/are:	Roxanne Turne Asst. Vice Presid
The name, title or capa	Corporation as registered agent Corporation Service Company By: (Registered agent's secity and address of the person(s) who have and Address: Larry M. Elkin 200 S.W. First Aye., Stc. 125	as/have authority to manage is/are:	Roxanne Turne Asst. Vice Presid
The name, title or capa	Corporation as registered agent Corporation Service Company By: (Registered agent's secity and address of the person(s) who have and Address: Larry M. Elkin 200 S.W. First Aye., Stc. 125	as/have authority to manage is/are:	Roxanne Turne Asst. Vice Presid
The name, title or capa	Corporation as registered agent Corporation Service Company By: (Registered agent's secity and address of the person(s) who have and Address: Larry M. Elkin 200 S.W. First Aye., Stc. 125	as/have authority to manage is/are:	Roxanne Turne Asst. Vice Presid
The name, title or capa Title or Capacity: President of Manager	Corporation Service Company By: (Registered agent's deity and address of the person(s) who had a mand Address: Larry M. Elkin 200 S.W. First Ave., Stc. 125 Ft. Lauderdale, FL 33301	as/have authority to manage is/are:	Roxanne Turne Asst. Vice Presid
The name, title or capa Title or Capacity: President of Manager	Corporation Service Company By: (Registered agent's recity and address of the person(s) who had a and Address: Larry M. Elkin 200 S.W. First Ave., Stc. 125 Ft. Lauderdale, FL 33301	as/have authority to manage is/are:	Roxanne Turne Asst. Vice Presid
The name, title or capa Title or Capacity: President of Manager Jse attachments if necess Attached is a certificate	Corporation Service Company By: (Registered agenc's recity and address of the person(s) who had a mad Address: Larry M. Elkin 200 S.W. First Ave., Stc. 125 Ft. Lauderdale, FL 33301 sary) of existence, no more than 90 days old.	as/have authority to manage is/are: Title or Capacity:	Roxanne Turne Asst. Vice President Name and Address:
The name, title or capa Title or Capacity: President of Manager Jse attachments if necess Attached is a certificate is diction under the law-	Corporation Service Company By: (Registered agenc's recity and address of the person(s) who had address: Larry M. Elkin 200 S.W. First Ave., Stc. 125 Ft. Lauderdale, FL 33301 sary) of existence, no more than 90 days old, of which it is organized. (If the certifical	as/have authority to manage is/are: Title or Capacity:	Roxanne Turne Asst. Vice Presid Name and Address:
The name, title or capa Title or Capacity: President of Manager Attached is a certificate is diction under the law the translator must be set	Corporation Service Company By: (Registered agenc's recity and address of the person(s) who had address: Larry M. Elkin 200 S.W. First Ave., Stc. 125 Ft. Lauderdale, FL 33301 sary) of existence, no more than 90 days old, of which it is organized. (If the certifical abmitted)	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official te is in a foreign language, a transl	Roxanne Turne Asst. Vice President Asst. Vice President Asst. Name and Address: having custody of records in the ation of the certificate funder oath
The name, title or capa Title or Capacity: President of Manager Attached is a certificate is diction under the law the translator must be so. This document is exec	Corporation Service Company By: (Registered agenc's recity and address of the person(s) who had a man and Address: Larry M. Elkin 200 S.W. First Ave., Stc. 125 Ft. Lauderdale, FL 33301 sary) of existence, no more than 90 days old, of which it is organized. (If the certifical abmitted) uted in accordance with section 605.020	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official te is in a foreign language, a transl	Roxanne Turne Asst. Vice President Asst. Vice President Asst. Name and Address: having custody of records in the ation of the certificate funder oath are that any false information
The name, title or capa Title or Capacity: President of Manager Attached is a certificate is diction under the law the translator must be so. This document is exec	Corporation as registered agent Corporation Service Company By: (Registered agent's decity and address of the person(s) who hame and Address: Larry M. Elkin 200 S.W. First Ave., Stc. 125 Ft. Lauderdale, FL 33301 sary) of existence, no more than 90 days old, of which it is organized. (If the certifical abmitted) uted in accordance with section 605.020 of the Department of State constitutes a the service of the section of the sectio	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official te is in a foreign language, a transl	Roxanne Turne Asst. Vice President Asst. Vice President Asst. Name and Address: having custody of records in the ation of the certificate funder oath are that any false information
The name, title or capa Title or Capacity: President of Manager Ise attachments if necess Attached is a certificate isdiction under the law the translator must be so. This document is exec	Corporation Service Company By: (Registered agenc's decity and address of the person(s) who had	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official te is in a foreign language, a transless in a foreign language and the same and degree felony as provided for in the same and degree felony as provided for in the same and degree felony as provided for in the same and the sam	Roxanne Turne Asst. Vice Presid Name and Address: Name and Address: having custody of records in the ation of the certificate funder oath are that any false information
The name, title or capa Title or Capacity: President of Manager Attached is a certificate is diction under the law the translator must be so. This document is exec	Corporation Service Company By: (Registered agenc's decity and address of the person(s) who had	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official te is in a foreign language, a transl	Roxanne Turne Asst. Vice President Asst. Vice President Asst. Name and Address: having custody of records in the ation of the certificate funder oath are that any false information
The name, title or capa Title or Capacity: President of Manager Attached is a certificate is diction under the law the translator must be so. This document is exec	Corporation Service Company By: (Registered agenc's decity and address of the person(s) who had	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official te is in a foreign language, a transless in a foreign language and the same and degree felony as provided for in the same and degree felony as provided for in the same and degree felony as provided for in the same and the sam	Roxanne Turne Asst. Vice President Asst. Vice President Asst. Name and Address: having custody of records in the ation of the certificate funder oath are that any false information

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PH INVESTORS TPG ASIA VII, 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 THIRTIETH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PH INVESTORS TPG

ASIA VII, LLC" WAS FORMED ON THE THIRTIETH DAY OF NOVEMBER, A.D.

2017.

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



6639149 8300 SR# 20177309543 Authentication: 203656837

Date: 11-30-17