M18000004983			
(Address) (Address)	000313497560		
(City/State/Zip/Phone #)	ALL MAY 23 AH 4: 87 19 MAY 23 AH 4: 87 19 MAY 23 AH 1: 05 19 MAY 23 AH 1: 05		
Office Use Only	WAN 24 201A J. HARRIS		

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 12000000	088
FP LLC	
zation to Transact Business	
CERTIFIED COPY	
	FP LLC zation to Transact Business

55.00 Authorized Amount:

. ZH Signature:

© EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED PEGISTERED ITENGLAND SWALES, REGISTPT SROIC/? 6 BEVIS MARKS, 1/1 FL LONDON EC3A 7BA +44 (0)20.3786.1090 ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
AHONG KONGLA TED COMPANY
INFINITUS PLAZA, 121-FE
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L TGS FP LLC

	the subject to the pulpose of calculation of the second over t		Itemate name must include "Limited Liability Compa	
DELAWARE		3.	APPLIED FOR	
(Jurisdiction under the law of w	hich foreign lumited liability company is organized)		(FEI number, if applic	ibie)
MAY 21, 2018				
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration ine penalty	n.) bability)	
9100 S. DADELAND	BLVD. STE. 1701	6.	9100 S. DADELAND BLVD. STE	1701
(Street Address of Principal Office)		•	(Mailing Address)	·
MIAMI, FLORIDA 33156			MIAMI, FLORIDA 33156	
			<u></u>	
				·:
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT	acceptable)	
Name:	GY CORPORATE SERVICES, INC.			
rvanic.				
Office Address:	600 BRICKELL AVENUE, SUITE 3			,
	MIAMI		, Florida <u>33131</u>	
	(Cuy)		(Zip code)	

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. $I \cap I$

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	Name and Address:	Lifle or Capacity:	Name and Address:
MANAGER	THOMAS GREG & SONS U.S.A LLC 9100 S. DADELAND BLVD,		
	STE. 1701 MIAMI, FLORIDA 33156		

...

(Use attachments if necessary)

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 athird degree felogy as provided for in s.817.155, F.S.

ignature of

MARIA ACEVEDO-BELT, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TGS FP 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 TWENTY-SECOND DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TGS FP LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D. 2018.

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



Authentication: 202745756 Date: 05-22-18

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