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(F	Requestor's Name)
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(C	tity/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(B	usiness Entity Name)
(C	ocument Number)
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18 JUL 26 AM 9: 28 SECRETARY OF STATE ALLAHASSEE, FLORIDA

18 JUL 26 PH 3:5

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195	
	REFERENCE	:	320988	4339006	
	AUTHORIZATION	:	Souls.	Leman	
	COST LIMIT	:	\$ 425.00		
ORDER DATE :	July 26, 2018				
ORDER TIME :	12:44 PM				
ORDER NO. :	320988-015				
CUSTOMER NO:	4339006				
	-				
	FOREIGN F	ILI	NGS		
NAME:	ARVATO BPS LL	۲C			
XXXX QUALIF	ICATION (TYPE: <u>L</u>	<u>.L</u>)			

XX		O COPY AMPED COPY ATE OF GOOD S	STANDIN	ïG	
CONTACT	PERSON:	Roxanne Turi		EXT#	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:		ARVATO	BPS LLC			
_		Name of I	Limited Liability C	Company		
The enclosed ". Existence, and	Application by For- check are submitted	eign Limited Liability Comp I to register the above refere	any for Authorizationced foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida.
Please return al	I correspondence c	oncerning this matter to the	following:			
	Jennifer Harper					
		Na	ame of Person			
	Bertelsmann, Ir	ic.				
		Fi	rm/Company			
	1745 Broadway					
			Address			
	New York, NY	10019				
		City/S	tate and Zip Code			
	jennifer.harper@					
		E-mail address: (to be used	i for future annual	report not	ification)	
For further info	ormation concerning	g this matter, please call:				
Jenni	fer Harper		212 at (782-10	74	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divisi Regisi P.O. F	on of Corporations tration Section Box 6327 hassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	heck for the follow 25.00 Filing Fee	ing amount: S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

finame unavailable, enter alternate n	arne adopted for the purpose of transacting busine	ess in Florida. The alterna	te name must include "Limited Li	ability Company," "L.L.C," or "LLC,")
Delaware		3 83	3-1003774	
(Jurisdiction under the law of w	nich foreign limited liability company is organized	15 -	(FEI nun	nber, if applicable)
·	(Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. to	f prior to registration.)	thu\	
29011 Commerce Cen			45 Broadway c/o Berte	Ismanit fine.
(Street Address of I	Principal Office)	6. <u>'''</u>	(Mailing Ad	dress)
Valencia, CA 91355		.Ne	w York, NY 10019	2000年
				福島 一〇
				FL0
7. Name and street address	s of Florida registered agent: (P.C	D. Box <u>NOT</u> acce	eptable)	g 28
	Corporation Service Company			2 0
Name:				
Office Address:	1201 Hays Street		.	
	Tallahassee		, Florida 32301 (Zip co	
	(City)		(Zip ac	ode)
Taving been named as re lesignated in this applica o comply with the provisi	gistered agent and to accept servition, I hereby accept the appointrions of all statutes relative to the ps of my position as registered age. Corporation Service Company	ment as registered proper and compl int	the above stated limite Lagent and agree to ac	d liability company at the place of in this capacity. I further age of duties, and I am familiar with ROXANNO TURNOR
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designated in this applicate comply with the provise and accept the obligation 8. The name, title or caparity: Manager Manager (Use attachments if necessity is a certificate jurisdiction under the law of the translator must be second.) This document is executed to complete the second.	gistered agent and to accept servition, I hereby accept the appointrions of all statutes relative to the person of all statutes registered age. Corporation Service Company By: Registered (Registered agentics acity and address of the person(s) acity and address of the person(s) acity and address of the person of the pers	er Dr sold, duly auther rtificate is in a for 105.0203 (1) (b), Fires a third degree (1.5.0203 (1) (b), Fires a third degree	the above stated limited agent and agree to actlete performance of my mority to manage is/are: or Capacity: nticated by the official breign language, a translatorida Statutes. I am awafelony as provided for in	naving custody of records in the care that any false information

Typed or printed name of signee

R. Michael Rowsey

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ARVATO BPS 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-SIXTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARVATO BPS LLC" WAS FORMED ON THE SIXTH DAY OF JUNE, A.D. 2018.

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



Jeffrey W. Bullique, Secretary of State