(Requestor's Name)
(Address)
(Flacioso)
(Address)
(City/State/Zip/Phone #)
· , , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bootiment Humber)
Certified Copies Certificates of Status
Second Instructions to Filliam Officer
Special Instructions to Filing Officer:

Office Use Only



800328542368 FILLET BRIDA PR 29 PH 4: 18

19 APR 29 PM 4: 30

RECEIVED

Y SCOTT APR 2 9 2019



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

Account#: I20000000088 April 29, 2019 Date:_ Name: PEOPLE 2.0GLOBAL,LLC 1075675 Reference #:____ PEOPLE 2.0GLOBAL,LLC Entity Name:____ ✓ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitous Name Other CERTIFIED COP Authorized Amount: CRACHOOD Signature:

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:

(Date first strateacted butters in Plands, if prior to registration) (See is softward of Scott Address of Principal Office) 222 Vailey Creek Boulevard (See is Address of Principal Office) Exton, Pennsylvania 19341 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. Office Address: 115 North Calhoun Street, Suite 4 Tallahassee (City) (City) (City) (City) (City) (City) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address:	Delaware	ne adopted for the purpose of transacting business in FIC		11:17:0
(Date first transacted business in Plonda, if prior to reguration) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 222 Vailey Creek Boulevard (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) Suite 100 Exton, Pennsylvania 19341 Exton, Pennsy			office. The afteriore space was merger barner	Liability Company, "L.L.C., or LDC.)
(Date first transacted business in Florids, if prior to registration) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 222 Vailley Creek Boulevard (Suest Address of Frincipal Office) Suite 100 Exton, Pennsylvania 19341 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. Office Address: 115 North Calhoun Street, Suite 4 Tallahassee Florida (City) (City)	(Junsdiction under the law of whit		3	
222 Valley Creek Boulevard (Sacet Address of Procepal Office) Suite 100 Exton, Pennsylvania 19341 Exton, Pennsylvania 19341 Exton, Pennsylvania 19341 Exton, Pennsylvania 19341 Name and siteet address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. Tallahassee (City) Gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. (Registered agent. Signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: P20 Parent, Inc President Robert Kelly, 400 Madison Ave #3a, New York, NY 10017 Secretary Daniel Lee, 400 Madison Ave #3a		th foreign limited liability company is organized)	(FEI	number, if applicable)
222 Valley Creek Boulevard (Sacet Address of Procepal Office) Suite 100 Exton, Pennsylvania 19341 Exton, Pennsylvania 19341 Exton, Pennsylvania 19341 Exton, Pennsylvania 19341 Name and siteet address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. Tallahassee (City) Gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. (Registered agent. Signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: P20 Parent, Inc President Robert Kelly, 400 Madison Ave #3a, New York, NY 10017 Secretary Daniel Lee, 400 Madison Ave #3a		(Day 6 - margard humans in Claude of prior to	remetration)	
Suite 100 Exton, Pennsylvania 19341 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. Office Address: 115 North Calhoun Street, Suite 4 Tallahassee (City) Florida 32301 (City office) Flor		(See sections 605.0904 & 605.0905, F.S. to determ		
Suite 100 Exton, Pennsylvania 19341 Exton, Pennsylvania 19341 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. Office Address: 115 North Calhoun Street, Suite 4 Tallahassee (City) Florida 32301 (City ods:)	222 Valley Creek Boule	evard	6. 222 Valley Creek Boul	evard
Exton, Pennsylvania 19341 Exton Fin 19 Exton Fin 19 Exton Fin 19		ncipal Office)		Address)
Name and sireet address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee Florida 32301 (City) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the rignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar daccept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Manager as the Sole Member P20 Parent, Inc President Robert Kelly. 400 Madison Ave #3a. New York, NY 10017 Secretary Daniel Lee, 400 Madison Ave #3a.	Suite 100		Suite 100	
Name: Cogency Global Inc. Office Address: 115 North Calhoun Street, Suite 4 Tallahassee (City) (Zip code) (Z	Exton, Pennsylvania 19	341	Exton, Pennsylvania 19	241 [
Office Address: Tallahassee			x <u>NOT</u> acceptable)	SS: 55
Tallahassee (City) (Ithe (dibling (ith above stated limited liability company at the poper and operator of my duties, and I am familiar deal accept the obligations of my position as registered agent. (Accept the above stated limited liability company at the poperator of my duties, and I am familiar deal accept the obligations of my position as registered agent. (Accept the above stated limited liability company at the poperator of my duties, and I am familiar deal accept the obligations of my position as registered agent. (Accept the above stated limited liability comp	-	-		
gistered agent's acceptance: trying been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar discrept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address:		Tellaharan	37301	ORE THE
gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the resignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar diaccept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Manager as the Sole Member P20 Parent, Inc President Robert Kelly,			, Florida 32301	
Title or Capacity:Name and Address:Title or Capacity:Name and Address:Manager as the Sole MemberP20 Parent, IncPresidentRobert Kelly,400 Madison Ave #3a,400 Madison Ave #3a,New York, NY 10017New York, NY 10017SecretaryDaniel Lee,400 Madison Ave #3a.400 Madison Ave #3a.			r and complete performance of	my duties, and I am familiar w
400 Madison Ave #3a, New York, NY 10017 New York, NY 10017 Secretary Daniel Lee, 400 Madison Ave #3a, New York NY 10017	d accept the obligations	of my position as registered agent. (Registered agent's	r and complete performance of AST(SIANT)	my duties, and I am familiar w
400 Madison Ave #3a, New York, NY 10017 New York, NY 10017 Secretary Daniel Lee, 400 Madison Ave #3a.	d accept the obligations The name, title or capac	of my position as registered agent. (Registered agent's city and address of the person(s) who h	as signature) as s/have authority to manage is/a	my duties, and I am familiar w
New York, NY 10017 Secretary Daniel Lee, 400 Madison Ave #3a.	d accept the obligations The name, title or capac Title or Capacity:	of my position as registered agent. (Registered agent's city and address of the person(s) who have and Address:	r and complete performance of Signature ass/have authority to manage is/a Title or Capacity:	my duties, and I am familiar w CRETARY re: Name and Address:
400 Madison Ave #3a.	The name, title or capacity:	city and address of the person(s) who h Name and Address: Member P20 Parent, Inc	r and complete performance of Signature ass/have authority to manage is/a Title or Capacity:	my duties, and I am familiar was seen to be
	The name, title or capacity:	of my position as registered agent. (Registered agent's city and address of the person(s) who hame and Address: Member P20 Parent, Inc 400 Madison Ave #3a,	r and complete performance of AST(SIV-T) s signatur) nas/have authority to manage is/a Title or Capacity: President	my duties, and I am familiar was a second of the second of
	The name, title or capacity:	of my position as registered agent. (Registered agent's city and address of the person(s) who hame and Address: Member P20 Parent, Inc 400 Madison Ave #3a,	r and complete performance of AST(SIV-T) s signatur) nas/have authority to manage is/a Title or Capacity: President	my duties, and I am familiar was a manufacture. Name and Address: Robert Kelly, 400 Madison Ave #3a, New York, NY, 10017 Daniel Lee,
	The name, title or capacity:	of my position as registered agent. (Registered agent's city and address of the person(s) who hame and Address: Member P20 Parent, Inc 400 Madison Ave #3a,	r and complete performance of AST(SIV-T) s signatur) nas/have authority to manage is/a Title or Capacity: President	my duties, and I am familiar was a manual of the second of
	nd accept the obligations S. The name, title or capac	of my position as registered agent. (Registered agent's city and address of the person(s) who h	as signature) as s/have authority to manage is/a	my duties, and I am famili
Jse attachments if necessary)	d accept the obligations The name, title or capac <u>Title or Capacity:</u>	of my position as registered agent. (Registered agent's city and address of the person(s) who hame and Address: Member P20 Parent, Inc 400 Madison Ave #3a,	r and complete performance of AST(SIV-T) s signatur) nas/have authority to manage is/a Title or Capacity: President	re: Name and Address: Robert Kelly, 400 Madison Ave #3a, New York, NY, 10017 Daniel Lee, 400 Madison Ave #3a.
	nd accept the obligations S. The name, title or capac	of my position as registered agent. (Registered agent's city and address of the person(s) who h	as signature) as s/have authority to manage is/a	my duties, and I am famili

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "PEOPLE 2.0 GLOBAL, LLC" IS DULY FORMED

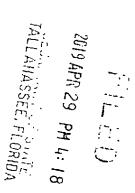
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEOPLE 2.0 GLOBAL, LLC" WAS FORMED ON THE NINTH DAY OF APRIL, A.D. 2019.

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





Authentication: 202615102

Date: 04-10-19

7365908 8300 SR# 20192721529