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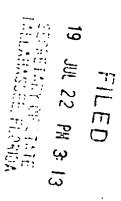
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Special Instructions to I	Filing Officer:	

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	SIP.US LLC					
300,001.		Name of Limite	ed Liability C	Company		
The enclosed Existence, an	"Application by Foreign d check are submitted to	n Limited Liability Company for register the above referenced	or Authoriza foreign limit	tion to Transact ed liability com	t Business in Florida." npany to transact busir	Certificate of less in Florida
Please return	all correspondence cond	cerning this matter to the follow	wing:			
	Todd Lantor					
	Name of Person					
	Lukas, LaFuria, Gutierrez & Sachs, LLP					
	Firm/Company					
	8300 Greensboro Drive, Suite 1200					
	Address					
	Tysons, VA 22102					
	City/State and Zip Code					
	tlantor@fcclaw.com	ı				
	E	-mail address: (to be used for I	uture annual	report notificat	tion)	
For further in	nformation concerning th	nis matter, please call:				
Тос	dd Lantor	at (703	584-8671		
	Name of C	ontact Person	Area Code	Daytime	Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	losed is a check for the fase make check payable:	following amount: to: FLORIDA DEPARTMEN	NT OF STA	TE		
	, -	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & ed Copy	S160.00 Filing of Status & Cer	

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:

1. SIP.US LLC (Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company, "T.,I.	.C.," or "LLC.")		
(If name unavailable, enter alternate is	sure adopted for the purpose of transacting business in Fle	rida. The afternate name must in	clude "Dinited Liability Com	pany," "Li.C," or "LLC.")	
Delaware 2.		45-5388582 3.			
(Jurisdiction under the law of wh	2. (Jurisdiction under the law of which foreign limited liability company is organized)		(Fist number, it applicable)		
May 13, 2012 (as a do:	mestic Florida limited liability company	•	L12000072404)		
	(Date first transacted business in Florida, if prior to (See sections 603.0904 & 603.0905, F.S. to determine	registration.) ne penalty hability)			
5. 3005 Royal Blvd. Sout	rh, Suite 120	Same as stree	t address. (Mailing Address)	 -	
Alpharetta, GA 30022				19	
				Jul 2	
7. Name and street address	is of Florida registered agent: (P.O. Box	NOT acceptable)		P PN 3	
Name:	InCorp Services, Inc.			2 a	
Office Address:	17888 67th Court North				
	Loxahatchee	, Floric			
	(Cny)		(Zip code)		

Registered agent's acceptance:

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.

Vincent Rojo on bohalf of InCorp Services, Inc.
(Rogistered agent's aigniture)

8. For initial index manage [up to six (6	ing purposes, list names, title or capacity and act) total]:	ddresses of the primary m	embers/managers or persons authorized	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
■Manager	Name: Jesse Klein	Manager	Name: Brian R. Kornmann	
□Member	Address: c/o Thompson Street Partners,	☐ Member	Address: c/o Thompson Street Partne	
□Authorized	120 S. Central Ave., Suite 600	Authorized	120 S. Central Ave., Suite 600	
Person	St. Louis, MO 63105-1794	Person	St. Louis, MO 63105-1794	
Other	Other	Other	Other	
■Manager	Name:	■ Manager	Name: Francis X. Ahearn, Jr.	
Member	Address:	Member	Address: 2508 Mizner Lake Court	
Authorized	Saddle River, NJ 07458-2522	☐ Authorized	Wellington, FL 33414-7030	
Person		Person		
Other	Other	Other	Other	
Manager	Name: Geoffrey Bloss	■ Manager	Name: Andrew Stewart	
□Member	Address:	☐ Member	Address: c/o Thompson Street Partne	
Authorized	521 Fifth Ave., 14th Floor	Authorized	120 S. Central Ave., Suite 600	
Person	New York, NY 10175-1200	Person	St. Louis, MO 63105-1794	
Other	Other	Other	Other	
9. Attached is a cert jurisdiction under the translator must 10. This document i	s executed in accordance with section 605.0203 ment to the Department of State constitutes a thi	orida Department of State duly authenticated by the e is in a foreign language.	Annual Report form. official having custody of records in the a translation of the certificate under oal. I am aware that any false information.	
		or an authorized person		
	Mark Amick			

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SIP.US 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 NINETEENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIP.US LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 2019.

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

Authentication: 203052621

Date: 06-19-19