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(Re	equestor's Name)		
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PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Name)	<u> </u>	
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BYNSET THE

	•	CO	VER LETTER	*.** **
TO:	Registration Section Division of Corporations			æ4. *
SUBJEC	Vantagepoint Investm			
SUBJE	CT:	Name of I	Limited Liability (Company
				ntion to Transact Business in Florida." Certificate ted liability company to transact business in Florid
Please re	eturn all correspondence co	ncerning this matter to the	following:	
	Edwidge Pierre-I	ouis		
		N:	ame of Person	
	Vantagepoint Inv	estment Advisers, LLC		
		Fi	rm/Company	
	777 North Capite	l St. NE. Ste 600		
		·	Address	
	Washington, DC	20002		
		City/S	tate and Zip Code	
	filings@icmarc.org	,		
		E-mail address: (to be used	for future annual	report notification)
For furth	her information concerning	this matter, please call:		
	Edwidge Pierre-Louis		202	962-3462
	Name of	Contact Person	_ at (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
	Enclosed is a check for the Please make check payable		MENT OF STA	ľE
	☐ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Sta	\$155.00	Filing Fee & S160.00 Filing Fee, Certific of Status & Certified Copy

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:

Vantagepoint Investme	mt Advisers, LLC					
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability	Company," "L.I. C.," or "LLC"	·1		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alte	rnate name must include "Emuted L	ability Compan	y," "L L C."	or "LLC"
Delaware 2		3.	23-7268394			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI nor	nber, it applicat	olei	
4	Out the trans of the man of the lands of any					
	(Date first transacted basiness in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to detern	nine penalty li	ability)			
777 North Capitol St. NE. Ste 600 (Street Address of Principal Office)		777 North Capitol St. NE, Ste 600				
(Street Address of I	'tincipal Office)	6. (Mailing Ad		dress)		
Washington, DC 20002		Washington, DC 20002				
-	-	-				_
		_	·	:	2019	
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> ac	cceptable)		SON I	, 17, 18.
	Corporation Service Company			•	9-	4 7,41
Name:				·• .	PH	7 f
Office Address:	1201 Hays Street			 .	կ։ ! 7	آهند.
	Tallahassee		32301 . Florida			
	(City)		(Zip co	de)		

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.

Karin L. Dunn
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Robert Schultze	Manager	Name: David Tanguay
☐Member	Address: 777 N. Capitol St. NE. Ste 600	☐ Member	Address: 777 N. Capitol St. NE, Ste 600
Authorized	· 	Authorized	
Person		Person	
Other	Other	Other	Other
■Manager	Name: Michael Guarasci	■ Manager	Name: Joseph Teague
□Member	Address: 777 N. Capitol St. NE, Ste 600	Member	Address: 777 N. Capitol St. NE, Ste 600
Authorized		Authorized	
Person		Person	
Other	Other	Other	
■Manager	Name: Wayne Wicker	Manager	2019 AUG
□Member	Address: 777 N. Capitol St. NE, Ste 600	Member	Address:
Authorized		Authorized	PH 4: 3
Person		Person	
Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 a phird degree felony as provided for in s.817.155, F.S.

Michael Guarasci

Typed or printed name of signee

^{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)

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VANTAGEPOINT INVESTMENT ADVISERS, 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 THIRTEENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VANTAGEPOINT INVESTMENT ADVISERS, LLC" WAS FORMED ON THE FIRST DAY OF JANUARY, A.D. 1999.

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

e at corp delaware gov/aut

Authentication: 203019457

Date: 06-13-19