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TANGLEWOOD TAERO, LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			-1 22
name unavailable, enter alternate i	ame adopted for the purpose of transacting business in Fl	lorida. The alternate name n	nust include "Limited Liability Company," "L.L.C." or "LLt
Delaware		3	SES.
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number, if applicable)
			P 2
	(Date liest transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to deten	o registration) mine penalty liability)	<u> </u>
16255 Ventura Boulevard, Suite 420		16255 Vo	entura Boulevard, Suite 420
(Street Address of Principal Office)		6	(Mailing Address)
Encino, CA 91436		Encino C	CA 91436
Encino, CA 91436			
Encino, C.A. 91430			
	s of Florida registered agent: (P.O. Bo		
	es of Florida registered agent: (P.O. Bo Cogency Global Inc.	x <u>NOT</u> acceptable	
Name and street address	Cogency Global Inc.	x <u>NOT</u> acceptable	
Name and street address Name:	Cogency Global Inc. 115 North Calhoun Street, Suite 4	x <u>NOT</u> acceptable	

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.

Alan Enriquez
Assistant Secretary

(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: Title or Capacity: Name and Address: Name and Address: Name: Talia Oren Name: Eric Oren Manager Manager Address: _____Boulevard, 16255 Ventura Boulevard, Member Member Suite 420 Suite 420 Authorized Authorized Encino, CA 91436 Encino, ĈA 91436) Person Person Other_ Other____ Other__ Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other____ Other Other _____ Other Manager Name: ______ Member Address: ☐ Member Address: Authorized ☐ Authorized Person Person Other____ __Other____ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Talia Oren

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TANGLEWOOD TAERO, 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 FOURTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TANGLEWOOD TAERO, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2019.

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



Authentication: 203525944

Date: 09-04-19

7528008 8300 SR# 20196856127