

M200000000564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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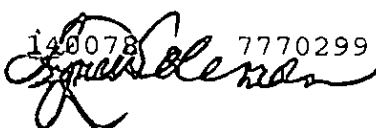
2019 JAN 14 AM 9:25

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JAN 15 2020

20 JAN 14 PM 3:07

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1300

ACCOUNT NO. : I20000000195  
REFERENCE : 140078 7770299  
AUTHORIZATION :   
COST LIMIT : \$ 125.00

ORDER DATE : January 14, 2020  
ORDER TIME : 2:05 PM  
ORDER NO. : 140078-015  
CUSTOMER NO: 7770299

FOREIGN FILINGS

NAME: 2W AMERICAS HOLDINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER: \_\_\_\_\_

2019.1.14 11:09:25

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2W Americas Holdings, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Phyllis S. Cotsis  
Name of Person

Wallenius Wilhelmsen  
Firm/Company

300 Interpace Pkwy, Suite: A300  
Address

Parsippany, N.J. 07054  
City/State and Zip Code

phyllis.cotsis@2wglobal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phyllis S. Cotsis at ( 201 ) 505-7418  
Name of Contact 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

2019 JUL 14 AM 9:35

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. 2W Americas Holdings, LLC  
(Name of Foreign Limited Liability Company. Must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-2563099  
(FEI number, if applicable)

4. January 1, 2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 300 Interpace PKwy.  
(Street Address of Principal Office)

6. 300 Interpace PKwy.  
(Mailing Address)

Bldg. A, 4<sup>th</sup> Floor

Suite A300

Parsippany, NJ 07054

Parsippany, NJ 07054

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

2019-11-26 09:05

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.

Lydia Cohen  
Asst. Vice President

By: Corporation Service Company  
(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:

☐ Manager                      Name: John J. Felitto

☐ Member                      Address: 300 Interpace

☐ Authorized                      PKwy, Suite A300

                    Person                      Parsippany, NJ 07054

☒ Other President                      ☒ Other CEO

Title or Capacity:                      Name and Address:

☐ Manager                      Name: Paul J. Davies

☐ Member                      Address: 300 Interpace

☐ Authorized                      PKwy, Suite A300

                    Person                      Parsippany, NJ 07054

☒ Other Treasurer                      ☒ Other CFO

☐ Manager                      Name: Rebecca J. Bodnar

☐ Member                      Address: 300 Interpace

☐ Authorized                      PKwy, Suite A300

                    Person                      Parsippany, NJ 07054

☒ Other Secretary                      ☒ Other VP-Legal

☐ Manager                      Name: Daniel M. Conaton

☐ Member                      Address: 300 Interpace

☐ Authorized                      PKwy, Suite A300

                    Person                      Parsippany, NJ 07054

☒ Other Assist. Sec.                      ☒ Other VP-Legal

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

                    Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

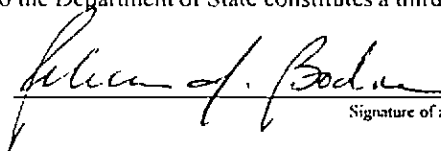
                    Person                      \_\_\_\_\_

☐ 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.

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.



Signature of an authorized person

Rebecca J. Bodnar, Secretary & VP-Legal

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "2W AMERICAS HOLDINGS, 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 FOURTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2W AMERICAS HOLDINGS, LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2005.

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

2019 JAN 14 PM 9:25



  
Jeffrey W. Bullock, Secretary of State

3938455 8300

SR# 20200266657

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202183392

Date: 01-14-20