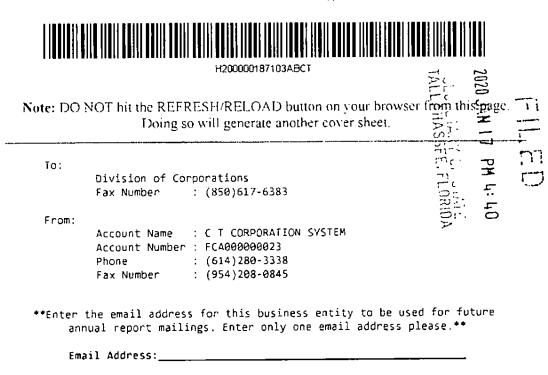
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Foreign Limited Liability Company UWI W2, LLC

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

IN COMPLANCE WITH NECTION 005,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. DMITTED HABILITY COMPANY TO TRANSACT BUNDASS IN THE STATE OF HORIDA

(Name of Foreign V	imited Lashifity Company; must osclude "Limited	Hiabiliy	Company 3.1.C.	arti.Ch ∑c	2020	
If name unavailable, enter alternate na	me adopted for the purpose of transacting business in Ele	enda Ele	alternate mane must metud	e "Launted i Methy G	nı (100, " ")	.1. <i>1.1.1.</i> 19471 FC
Delaware 2.		3.	84-2722558	(15) anniper, (Capp	- - -	
chrisdiction under the law of wh	ich (Greign limited lithtility company is organized)			Ling	70	Ti
	(Pade that transacted business in Florida at pour to) (Nee sections 663 C963 & 605 0905, F.S. to determine	registrative ac penalty	i) Bability'i	SA	կ։ կ0	
1455 Market Street, 4th Floor 5. Ishied Address of Principal Office)		6.	1455 Market Stree	t, 4th Floor		
Street Address of Principal Office)			(Mailing Address)			
San Francisco, CA 941	03		San Francisco, CA	. 94103		
7. Name and street address	s of Florida registered agent (P.O. Box	NOT.	acceptable)			
Name	CT Corporation System		<u>-</u>			
Office Address:	1200 South Pine Island Road					
	Plantation		, Florida	33324 (Asp.code)		
	(City)			(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.

> Lisa D. DuBois, 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 (5) total]

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name, Uber Works, Inc.	□Manager	Name.
■Member (sole)	Address: 1455 Market Street, 4th Floor	□Member	Address:
□Authorized	San Francisco, CA 94103	☐ Authorized	
Person		Person	2020.
□Other	Other	_ (Ither	••
			SSE SSE
□Manager	Name:	∐Manager	Name: TC TO
□Member	Address:	□ Member	Address: スシー
∃Authorized		T Authorized	Dr. 0
Person	1.22	Person	
□Othe1		Other	
⊟Manager	Name:	□Manager	Name:
□Member	Address:	□ Member	Address:
□Authorized		Authorized	
Person		Person	
()ther		_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 \$ 817,155, F.S.

Andry lisewide		
	Signature of an authorized purson	
Andrey Liscovich		
	Exped or pointed name of signed	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "UWI W2, 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 SIXTEENTH DAY OF JANUARY, A.D. 2020.

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

JAN 17 PM 4: 40

Justiney W. Buduces, Secretary of State

Authentication: 20220620

Authentication: 202206203

Date: 01-16-20

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