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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 459028 / 4311681

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE: October 16, 2020

ORDER TIME : 11:19 AM

ORDER NO. : 459028-010

CUSTOMER NO: 4311681

FOREIGN FILINGS

NAME: TLG ACQUISITION FOUNDER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

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 TIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Oelaware (Jurisdiction under the law of		95 3346907		
(Jurisdiction under the law of		85-3316897		
	which foreign limited hability company is organized)	3(FEI number, if applicable)		
				
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration) penalty liability)		
515 North Flagler Drive, Suite 520		515 North Flagler Drive, Suite 520		
pet Address of Principal Office)		(Mailing Address)		
West Palm Beach, FL 33401		West Palm Beach, FL 33401		
Name:	Corporation Service Company		OCT 19 SETANI	
Name: Office Address:	Corporation Service Company 1201 Hays Street		OCT 19 AHT	
		32301	OCT 19 AHIO: 13	

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: Name: TLG Capital Partners, LLC □Manager Name: David Johnson □Manager ■Member Address: 515 North Flagler Drive ■Member Address: 515 North Flager Drive Suite 520 ☐ Authorized Suire 520 □ Authorized West Palm Beach, FL 22401 Person West Palm Beach, FL 33401 Person Other_ □Other____ Other__ Other____ □ Manager ☐ Manager Name: □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □Other □Other_____ □Other □Other____ □Manager Name: □ Manager □Member Address: Address: _____ □Member ☐ Authorized □ Authorized 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. 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 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. JOHN MICHAEL LAWRIE

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

DELAWARE, DO HEREBY CERTIFY "TLG ACQUISITION FOUNDER 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 OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TLG ACQUISITION FOUNDER LLC" WAS FORMED ON THE FIRST DAY OF OCTOBER, A.D. 2020.

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

Authentication: 203879618

Date: 10-16-20