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Division of Corporations

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Florida Department of State  
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Account Name : C T CORPORATION SYSTEM  
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**Foreign Limited Liability Company**  
**GTCR LLC**

Certificate of Status	0
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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GTOR LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

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

2. Delaware 3. 90-0615667  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 515 North Flagler Drive 6. 515 North Flagler Drive  
(Street Address of Principal Office) (Mailing Address)

West Palm Beach

West Palm Beach

Florida 33401

Florida 33401

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324  
(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.

By: Sandra Zwijack C T Corporation System  
(Registered agent's signature) by Sandra Zwijack, Assistant Secretary

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Mark Anderson</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Aaron Cohen</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>300 N. LaSalle St., Suite 5600</u>	<input type="checkbox"/> Authorized	<u>300 N. LaSalle St., Suite 5600</u>
Person	<u>Chicago, IL 60654</u>	Person	<u>Chicago, IL 60654</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

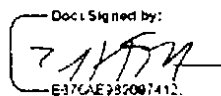
<input checked="" type="checkbox"/> Manager	Name: <u>Sean Cunningham</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Ben Daverman</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>300 N. LaSalle St., Suite 5600</u>	<input type="checkbox"/> Authorized	<u>300 N. LaSalle St., Suite 5600</u>
Person	<u>Chicago, IL 60654</u>	Person	<u>Chicago, IL 60654</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>David Domini</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Craig Bondy</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>300 N. LaSalle St., Suite 5600</u>	<input type="checkbox"/> Authorized	<u>300 N. LaSalle St., Suite 5600</u>
Person	<u>Chicago, IL 60654</u>	Person	<u>Chicago, IL 60654</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:  
  
 E976AE382087412  
 Signature of an authorized person  
 Jeffrey S. Wright  
 Typed or printed name of signer

**Managers of GTCR LLC**

1. Name: Constantine Mihos  
Manager/Member: Manager  
Address:  
300 N. LaSalle Street  
Suite 5600  
Chicago, IL 60654
  
2. Name: Collin Roche  
Manager/Member: Manager  
Address:  
300 N. LaSalle Street  
Suite 5600  
Chicago, IL 60654

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GTCR 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 DECEMBER, A.D. 2021.

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



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

4771176 8300

SR# 20214115305

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

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Date: 12-16-21