

1M22 00000 0740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

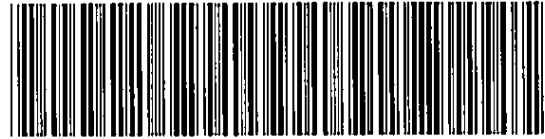
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALL MISSISSIPPI, FLORIDA

S. FRANKLIN

JAN 14 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 01/13/2022

Acc#120160000072

en: c DW

Name:	TTSI GP, LLC
Document #:	
Order #:	14094497

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

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Ref# _____

Amount: \$ 155.00

Thank you!

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. TTSI GP, 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. Cayman Islands
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 98-1643614
(FEI 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. 5200 Town Center Cir.
(Street Address of Principal Office)

4th Flr.

Boca Raton, FL 33486

6. 5200 Town Center Cir.
(Mailing Address)

4th Flr.

Boca Raton, FL 33486

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

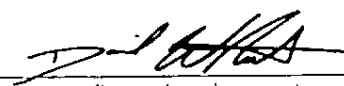
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 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: 
(Registered agent's signature)

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Boca Raton, FL

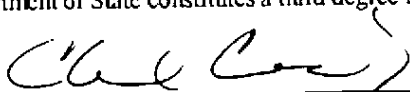
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Jordan Wadsworth</u>	☒ Manager	Name: <u>Jason Fisk</u>
☐ Member	Address: <u>11111 Santa Monica Blvd.</u>	☐ Member	Address: <u>11111 Santa Monica Blvd.</u>
☐ Authorized	<u>Suite 1050</u>	☐ Authorized	<u>Suite 1050</u>
Person	<u>Los Angeles, CA 90025</u>	Person	<u>Los Angeles, CA 90025</u>
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ 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. 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

Chad Crosby

Typed or printed name of signee

MC-5074

Certificate of Good Standing

LIMITED LIABILITY COMPANY

I, **D. EVADNE EBANKS** Senior Assistant Registrar of Limited Liability Companies in and for the Cayman Islands
DO HEREBY CERTIFY, that,

TTSI GP, LLC

a company registered in the Cayman Islands as a Limited Liability Company under the Cayman Islands Limited Liability Companies Act is at the date of this certificate in Good Standing with the office, and duly authorized to exercise all the powers vested in the company.



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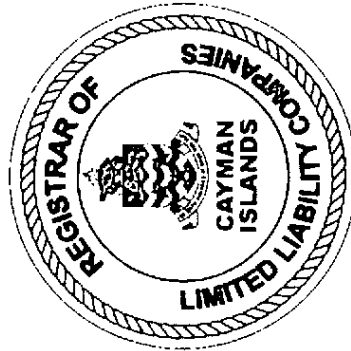
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Authorisation Code : 318603562618
www.verify.gov.ky
12 January 2022

Senior Assistant Registrar of Limited Liability Companies in and for the Cayman Islands

*Given under my hand and Seal at George Town in the
Island of Grand Cayman this 12th day of January
Two Thousand Twenty-Two*



Senior Assistant Registrar of Limited Liability Companies,
Cayman Islands

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