M22000000 9940

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





700389970637

7603899970537 35/24:22--01003--012 **{25.00

SECREDAL CONTROL ON

2022 JUN 24 PH 3: 10

DECEIVED

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

VALATIZ INI

	v	VALK IIV		
PICK	UP:	6/24 DANNY	_	
CERTIFIED COPY PHOTOCOPY CUS				
FILING	FORI	EIGN LLC		
ATTAINMENT HOLDCO	D, LLC ENT #)			
(CORPORATE NAME AND DOCUME	ENT#)			,
(CORPORATE NAME AND DOCUMI	ENT #)			
(CORPORATE NAME AND DOCUMI	ENT #)	<u>-</u>		
(CORPORATE NAME AND DOCUME	ENT#)			
(CORPORATE NAME AND DOCUME	ENT #)			
L ICTIONS:				
	CERTIFIED COPY PHOTOCOPY CUS FILING ATTAINMENT HOLDCO (CORPORATE NAME AND DOCUME)	PICK UP: CERTIFIED COPY PHOTOCOPY CUS FILING FORI ATTAINMENT HOLDCO, LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	PICK UP: 6/24 DANNY CERTIFIED COPY PHOTOCOPY CUS FILING FOREIGN LLC ATTAINMENT HOLDCO, LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	PICK UP: 6/24 DANNY CERTIFIED COPY PHOTOCOPY CUS FILING FOREIGN LLC ATTAINMENT HOLDCO, LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)

COVER LETTER

1.

Existence, and check are submitted to register the above referenced foreign limited liability company to transact busin Please return all correspondence concerning this matter to the following: Brittany Hansen Name of Person Registered Agent Solutions, Inc. Firm/Company 5301 Southwest Parkway, Suite 400 Address Austin, TX 78735 City/State and Zip Code compliance@instride.com E-mail address: (to be used for future annual report notification)		O: Registration Section Division of Corporations
Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Existence, and check are submitted to register the above referenced foreign limited liability company to transact busin Please return all correspondence concerning this matter to the following: Brittany Hansen Name of Person Registered Agent Solutions, Inc. Firm/Company 5301 Southwest Parkway, Suite 400 Address Austin, TX 78735 City/State and Zip Code compliance@instride.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brittany Hansen Brittany Hansen Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section		
Brittany Hansen Registered Agent Solutions, Inc. Firm/Company 5301 Southwest Parkway, Suite 400 Address Austin, TX 78735 City/State and Zip Code compliance@instride.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brittany Hansen at (
Registered Agent Solutions, Inc. Firm/Company 5301 Southwest Parkway, Suite 400 Address Austin, TX 78735 City/State and Zip Code compliance@instride.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brittany Hansen Brittany Hansen Name of Contact Person Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section	ness in Florida," Certificate o to transact business in Florida	he enclosed "Application by Foreign Limited Liability Company xistence, and check are submitted to register the above referenced
Registered Agent Solutions, Inc. Firm/Company 5301 Southwest Parkway, Suite 400 Address Austin, TX 78735 City/State and Zip Code compliance@instride.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brittany Hansen Brittany Hansen Name of Contact Person Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section		ease return all correspondence concerning this matter to the follows
Registered Agent Solutions, Inc. Firm/Company 5301 Southwest Parkway, Suite 400 Address Austin, TX 78735 City/State and Zip Code compliance@instride.com E-mail address: (10 be used for future annual report notification) For further information concerning this matter, please call: Brittany Hansen Brittany Hansen Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section Registration Section		Brittany Hansen
Firm/Company 5301 Southwest Parkway, Suite 400 Address Austin. TX 78735 City/State and Zip Code compliance@instride.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brittany Hansen Brittany Hansen Registration Section Street Address: Registration Section		Name o
Austin, TX 78735 City/State and Zip Code compliance@instride.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brittany Hansen 888 7057274 Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section Registration Section		Registered Agent Solutions, Inc.
Address Austin, TX 78735 City/State and Zip Code compliance@instride.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brittany Hansen Brittany Hansen Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section Registration Section		Firm/C
Austin, TX 78735 City/State and Zip Code compliance@instride.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brittany Hansen Brittany Hansen Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section Registration Section		5301 Southwest Parkway, Suite 400
City/State and Zip Code compliance@instride.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brittany Hansen 888 7057274 Area Code Daytime Telephone Number Mailing Address: Registration Section Street Address: Registration Section	* 	Ad
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brittany Hansen 888 7057274 Name of Contact Person Name of Contact Person Mailing Address: Registration Section Registration Section		Austin, TX 78735
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brittany Hansen 888 7057274 Area Code Daytime Telephone Number Mailing Address: Registration Section Registration Section		City/State a
For further information concerning this matter, please call: Brittany Hansen		compliance@instride.com
Brittany Hansen Name of Contact Person Name of Contact Person Name of Contact Person Area Code Daytime Telephone Number Street Address: Registration Section Registration Section		E-mail address: (to be used for
Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section Registration Section		or further information concerning this matter, please call:
Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section Section Registration Section		
Registration Section Registration Section	none Number	
Division of Corporations Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee		
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	0	
Tallahassee, FL 32303	O .	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{l} \begin{array}{l} \	.00 Filing Fee, Certificate	Please make check payable to: FLORIDA DEPARTME!

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:

		rida. The alternate name must include "Limited Liabili	ny Company, "L.L.C	, or Li.L.	
Delaware 2.		83-3246188 3.			
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)			
July 1, 2019					
• ———	(Date first transacted business in Florida, if prior to re	existration)			
	(See sections 605,0904 & 605,0905, F.S. to determin	e penalty liability)			
700 S Flower St.		700 S Flower St.			
treet Address of Principal Office)		6. (Mailing Address)			
Suite 1800		2ND FLOOR			
LOS ANGELES, CA 9	0017	LOS ANGELES, CA 90017	2022 J SELS		
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	UN 24	[
Name:	Registered Agent Solutions. Inc.		PA 3: 10 Crickio	, –	
Office Address:	155 Office Plaza Dr. Suite A			<u> </u>	
	Tallahassee	32301			
	(City)	, Florida(Zip code)	_		

Adam Saldana, Assistant Secretary

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: Vivek Sharma Ryan Johnson □ Manager □Manager 700 S Flower St. 700 S Flower St. ☐ Member Address: □Member Suite 1800 Suite 1800 □ Authorized ☐ Authorized Los Angeles, CA 90017 Los Angeles, CA 90017 Person Person **■**Other CFO ■Other_CEO □Other______ □Other □Manager □Manager Name: □Member Address: _____ □Member Address: ☐ Authorized □ Authorized Person Person ______ □ Other □Other_ □Manager Name: □Manager Name: _____ □Member Address: ____ □Member Address: _____ □ Authorized ☐ Authorized Person Person □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 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. Austin Daneshmand Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ATTAINMENT HOLDCO, 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 TWENTY-THIRD DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATTAINMENT HOLDCO, LLC" WAS FORMED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2018.

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

Authentication: 203754614

Date: 06-23-22

7204110 8300 SR# 20222812652

You may verify this certificate online at corp.delaware.gov/authver.shtml