Division of Corporations iote: Please print thi (shown below) on the top and bottom of all p

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

Foreign Limited Liability Company Transplace Stuttgart LLC

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

KOV 04 2022

M. SOLOMON

Electronic Filing Menu Corporate Filing Menu

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From: David Thr

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Transplace Stuttgart LLC

(Name of Foreign United Liability Company; must include "United Liability Company," "L.L.C.," or "FLC.")

		rida. The alternate mane most include "Limited Liability Comp 20-0766102			
Texas		2	A		
(Incisdiction under the law of w	nich foreign limited liability company is organized)	3	ble)		
Upon Filing					
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	egistration) e penalty fiability)	.11		
3010 Gaylord Parkway		1515 3rd Street	· · ;		
reet Address of Principal Office)		6. (Mailing Address)	32.5		
Suite 200		San Francisco, CA 94158	/ / / / / / / / / / / / / / / / / / /		
Frisco, TX 75034			ار رحادی		
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)			
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation	33324 , Florida			

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 daties, and I am familiar with and accept the obligations of my position as registered agent.

C.T. Corporation System.

By: Joe Davis, Asst Secretary /s/ Joe Davis

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8. For initial index manage [up to six (ing purposes, list names, title or capacity and () total]:	d addresses of the primary	members/managers or persons/authorized to
Title or Capacity:	Name and Address:	Title or Capacity	: Name and Address: N
⊠Manager	Name: Frank McCinigan	■ Manager	Name: Lior Ron 22 C
□Member	Address:	□ Member	Address:
□Authorized	3010 Gaylord Parkway, Suite 200,	☐ Authorized	1515 3rd Street,
Person	1'risco, TX 75034	Person	San Francisco, CA 94158
□Other	□ Other	Other	Other
■Manager	Name: Gideon Oppenheimer	▼ Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	1515 3rd Street,	□ Authorized	3010 Gaylord Parkway, Suite 200.
Person	San Francisco, CA 94158	Person	Frisco, TX 75034
□Other	⊡Other	□Other	Other
■Manager	Name:	■ Manager	Name:Brian L. Kuntz
□Member	Address:	□Member	Address:
□Authorized	1515 3rd Street,	☐ Authorized	1515 3rd Street.
Person	San Francisco, CA 94158	Person	San Francisco, CA 94158
□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 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.

/s/ FRANK MCGUIGAN	
Signature of an authorized person	
FRANK MCGUIGAN, MANAGER	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John B. Scott Secretary of State

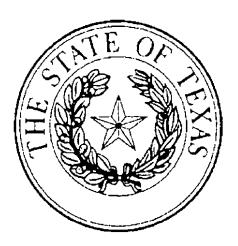
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Transplace Stuttgart LLC (file number 804718499), a Domestic Limited Liability Company (LLC), was filed in this office on August 29, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin. Texas on October 07, 2022.



John B. Scott Secretary of State