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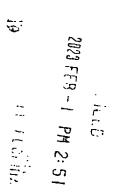
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COVER LETTER

TO:

11010	INFORMA GLOBAL SHARED SE	ERVICES LLC					
SUBJECT:Name of Limited Liability Company							
		ility Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida					
lease r	return all correspondence concerning this mat	ater to the following:					
	PATRICIA PETER						
		Name of Person					
	INFORMA						
		Firm/Company					
	605 3RD AVENUE, 22ND FL						
		Address					
	NEW YORK NEW YORK 4046						
	NEW YORK, NEW YORK 1015						
		City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
or fur	ther information concerning this matter, pleas	, in the second of the second					
C/1 1011	-						
	PATRICIA PETER	212 600-3731 at ()					
	Name of Contact Person	at () Area Code Daytime Telephone Number					
	Mailing Address:	Street Address:					
	Registration Section	Registration Section					
Division of Corporations P.O. Box 6327		Division of Corporations					
		The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amour Please make check payable to: FLORIDA						
	■ \$125.00 Filing Fee						

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:

(Name of Foreign	Limited Liability Company, must include "Limited	Liability Compa	iny," "L.L.C.," or "L.L.C.")			_
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flo	orida. The alternate	name must include "Limited Liabi	lity Company," *	"L.L.C," or	r"LL(`.")
DELAWARE 2. Unrisdection under the law of w	DELAWARE (Durisdiction under the law of which foreign limited liability company is organized)		88-4161063 3. (FEI number, if applicable)			
4	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605,0905, F.S. to determine	registration) ne penalty liability (_		
1990 MAIN STREET		1990 MAIN STREET, STE. 750				
(Street Address of Principal Office)		0	Mailing Address)			
ATTN; INFORMA TA	ΑX	ATTA	N: INFORMA TAX			
SARASOTA, FL 342	36	SAR	ASOTA, FL 34236	kno m		
7. Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT accepta	ıble)	_	2023 FEB	
Name:	Corporation Service Company		-	- -	-	<u> </u>
Office Address:	1201 Hays Street		-	0.1	PH 2:	C,
	Tallahassee		32301 Florida	Ę.	5	
	(Cny)		(Zip coste)			
designated in this applica to comply with the provise	stance: rgistered agent and to accept service of p stion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent, Corporation Service Company	s registered ag	gent and agree to act in	this capacit	ty. I fuo	ther ag

Elizabeth R. Konieczny, Asst. VP

(Registered agent's signature)

By: Cligabeth R Koninegry, Nest VP

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: Sheikh Shaghaf Name: __ Brian Vasandani □Manager □ Manager 605 3rd Avenue, 22nd FL 605 3rd Avenue, 22nd FL Address: □Member □Member New York, NY 10158 New York, NY 10158 ■ Authorized ■ Authorized Person Person Vice President Vice President ■Other_ **Secretary** Assistant Secretary Keri Pinzone Marc Levine Name: Name: □Manager □Manager Address: ____ 1990 Main Street, Ste. 750 □Member Address: □Member Sarasota, FL 34236 Lake Success, NY 11042 Authorized Authorized Person Person Tax Director President **■**Other □Other____ □Other_____ Name: Patricia Peter Name: □Manager □ Manager Address: 605 3rd Avenue, 22nd FL ☐ Member ☐ Member Address: New York, NY 10158 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. the Pute Patricia Peter

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 "INFORMA GLOBAL SHARED SERVICES 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 THIRD DAY OF JANUARY, A.D. 2023.

at corp delaware Hoy/aut

Authentication: 202412667

Date: 01-03-23

7068614 8300 SR# 20230017341