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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****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
RTA Holdco, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

S. ROBERTS

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. RTA Holdco, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. c/o Vantage Benefits Partners, Inc.
(Street Address of Principal Office)

60 E 42nd Street, Suite 502

New York, NY 10165

6. c/o Vantage Benefits Partners, Inc.
(Mailing Address)

60 E 42nd Street, Suite 502

New York, NY 10165

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

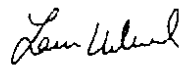
Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(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.



Lauren Underwood, Special Secretary

(Registered agent's signature)

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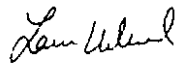
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Zain Hasan</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Anthony Gruppo</u>
<input type="checkbox"/> Member	Address: <u>c/o Vantage Benefits Partners, Inc.</u>	<input type="checkbox"/> Member	Address: <u>c/o Vantage Benefits Partners, Inc.</u>
<input type="checkbox"/> Authorized	<u>60 E 42nd Street, Suite 502</u>	<input type="checkbox"/> Authorized	<u>60 E 42nd Street, Suite 502</u>
Person	<u>New York, NY 10165</u>	Person	<u>New York, NY 10165</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Shikha Khetrpal</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Alexander Panlilio</u>
<input type="checkbox"/> Member	Address: <u>c/o Vantage Benefits Partners, Inc.</u>	<input type="checkbox"/> Member	Address: <u>c/o Vantage Benefits Partners, Inc.</u>
<input type="checkbox"/> Authorized	<u>60 E 42nd Street, Suite 502</u>	<input type="checkbox"/> Authorized	<u>60 E 42nd Street, Suite 502</u>
Person	<u>New York, NY 10165</u>	Person	<u>New York, NY 10165</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Ke Ding</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Dennis Pauls</u>
<input type="checkbox"/> Member	Address: <u>c/o Vantage Benefits Partners, Inc.</u>	<input type="checkbox"/> Member	Address: <u>c/o Vantage Benefits Partners, Inc.</u>
<input type="checkbox"/> Authorized	<u>60 E 42nd Street, Suite 502</u>	<input type="checkbox"/> Authorized	<u>60 E 42nd Street, Suite 502</u>
Person	<u>New York, NY 10165</u>	Person	<u>New York, NY 10165</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.



Signature of an authorized person

Zain Hasan, Manager. By: Lauren Underwood, Attorney-in-Fact

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RTA 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RTA HOLDCO, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2022.

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



7086310 8300

SR# 20230492900

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

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.

Authentication: 202702732

Date: 02-13-23