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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

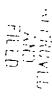
Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

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## **Foreign Limited Liability Company** TPG Cultural Exchange LLC

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## 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:

(Name of Poreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "L.C.")		
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Lunited Liabili	ty Company," "L.L.C," or "LLC	
Delaware (larisdiction under the law of which toreign limited hability company is organized)		<sub>3.</sub> 81-3798342		
		(FEI number, if applicable)		
	(Date first transacted business in Florida, it prior to to (See sections 605,0904 & 605,0905, F.S. to determine	registration )	_ <del>.</del>	
4630 S Kirkma		6. 4630 S Kirkman Roa	ad 207	
reet Address of Principal Office)	101.1111111	(Mailing Address)		
Orlando FL 32811		Orlando FL 32811		
			20	
Name and street address Name:	es of Florida registered agent: (P.O. Box  Registered Agents Inc	NOT acceptable)	2023 FEB 22	
	_ ,	NOT acceptable)	22 AM	
Name:	Registered Agents Inc		22	
Name:	Registered Agents Inc 7901 4th St N STE 300	NOT acceptable)  . Florida 33702	22 AM	

(Registered agent's signature)

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: <sub>Name:</sub> Vanjani, Raj □Manager □Manager Name: Address: 4630 S Kirkman Road #207 **X**Member □ Member Address: Orlando FL 32811 □ Authorized □ Authorized Person Person □Other\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_ Other\_\_\_\_ Name: Name: □Manager □Manager □Member Address: Address: □Member □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ □Other Other\_\_\_\_ Name: Name: \_\_\_\_\_ □Manager □ Manager □Member Address: 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. 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. Rokin Juney Signature of an anthorized person Robin Jones

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY THAT "TPG CULTURAL EXCHANGE LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2016, AT 11 O'CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2019, AT 11:50 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "TPG CULTURAL EXCHANGE

LLC".

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

6028732 8310 5R# 20230156233

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

Authentication: 202513582

Date: 01-17-23