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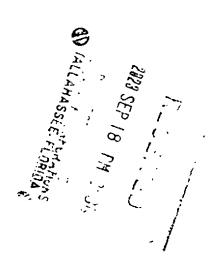
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Special Instructions to I	Filing Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 981522 8426281

AUTHORIZATION :

COST LIMIT : \$-155.00 Kenon

ORDER DATE: September 12, 2023

ORDER TIME : 2:53 PM

ORDER NO. : 981522-055

CUSTOMER NO: 8426281

## FOREIGN FILINGS

NAME: TGE02, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited L	iability Company," "L.L.C." or "EEC.
Delaware <sup>2</sup> .		3	
(Jurisdiction under the law of v	which foreign limited liability company is organized)	(FEI numi	per, if applicable)
·			
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) penalty liability)	
1221 Brickell Avenu	е	1221 Brickell Avenue	
Street Address of Principal Office)		6. (Mailing Address)	
Suite 900		Suite 900	
Miami, FL 33131		Miami, FL 33131	
. Name and street addre	ss of Florida registered agent: (P.O. Box )  Corporation Service Company		<b>202</b> :
			2023 SEP 18
Name and street addre	Corporation Service Company		2023 SEP 18 AM
Name and street addre	Corporation Service Company 1201 Hays Street	NOT acceptable)	. 9 ***-

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: Title or Capacity: Name and Address: Name and Address: Name: Camilo Salomon ■Manager □ Manager Name: \_\_\_\_\_ Address: \_ ☐ Member ☐ Member Address: Suite 900 □ Authorized ☐ Authorized Miami, FL 33131 Person Person □ Other\_\_\_\_\_ Other □Other\_\_\_\_ □ Other □Manager Name: □Manager □Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person ☐ Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other □Other\_\_\_\_\_ □Manager □Manager Name: ☐ Member Address: Address: \_\_\_\_\_ □Member □ 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. /s/ Camilo Salomon Signature of an authorized person Camilo Salomon

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 "TGE02, 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TGE02, LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 204183533

Date: 09-18-23

7677651 8300 SR# 20233515436