

M23000012195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

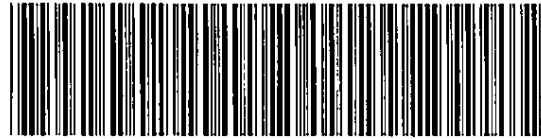
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 SEP 22 PM 4:24

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CLERK OF THE
COURT
TALLAHASSEE, FLORIDA

CLERK OF THE
COURT
TALLAHASSEE, FLORIDA

SEP 22 2023
K. Brumley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 09/22/23
Order #: 1281756-1
Re: Arvato USA LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$2,000 · FL State Account Number:
I20000000195

take any late fees needed!

AUTH:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', written over the word 'AUTH:'.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Arvato USA LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer Harper

Name of Person

Bertelsmann, Inc.

Firm/Company

1745 Broadway

Address

New York, NY 10019

City/State and Zip Code

jennifer.harper@bertelsmann.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Harper

212 782-1074
at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Arvato USA LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 26-1196005
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 1, 2014
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 51 Sawyer Road, Suite 620 1745 Broadway, FI 20
(Street Address of Principal Office) (Mailing Address)
Waltham, MA 02453 New York, NY 10019

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee 32301
(City) , Florida (Zip code)

APPROVED
AND
FILED
2023 SEP 22 PM 4:24
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF 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 duties, and I am familiar with
and accept the obligations of my position as registered agent.

Corporation Service Company

By:
(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:**

☒ Manager Name: Mitat Aydindag

☐ Member Address: 51 Sawyer Road, Suite 620

☒ Authorized _____

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Masya Dahdouli

☐ Member Address: 1745 Broadway

☒ Authorized New York, NY 10019

Person _____

☒ Other SVP, Taxes ☐ Other _____

☐ Manager Name: Jacqueline Arana

☐ Member Address: 1745 Broadway

☒ Authorized New York, NY 10019

Person _____

☒ Other Asst Secretary ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Christopher Hohns

☐ Member Address: 51 Sawyer Road, Suite 620

☒ Authorized Waltham, MA 02453

Person _____

☒ Other CFO ☐ Other _____

☐ Manager Name: Vera L. Noriega

☐ Member Address: 1745 Broadway

☒ Authorized New York, NY 10019

Person _____

☒ Other Secretary ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ 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.

Jacqueline Arana

Signature of an authorized person

Jacqueline Arana

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 "ARVATO USA 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 TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARVATO USA LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2007.

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



Jeffrey W. Bullock, Secretary of State

4435593 8300

SR# 20233551676

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

Authentication: 204217616

Date: 09-21-23