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## **CORPORATE** ACCESS, \_\_\_\_\_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

	CERTIFIED COPY	
XX	РНОТОСОРУ	
	GS	
XX	FILING	FOREIGN LLC
,	SAPHIRA US BIDCO,	LLC
	(CORPORATE NAME AND DOCUME	MENT #)
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#### COVER LETTER

TO: Registration Section

SUBJECT:	Name of Limited Liability Company					
The enclosed Existence, an	d "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate c referenced foreign limited liability company to transact business in Florid				
Please return	all correspondence concerning this matter t	o the following:				
	Amanda Steinborn					
	-	Name of Person				
	Latham & Watkins LLP					
	-	Firm/Company				
	10250 Constellation Blvd. Suite 1100					
	Address					
	Los Angeles. CA 90067					
	City/State and Zip Code					
		e used for future annual report notification)				
For further i	nformation concerning this matter, please ca	H:				
Christian Galgano		212 906-1832 at ()				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
ı a	Ilahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	closed is a check for the following amount:	D A D T M P N/T (AP OT A T P				
	ase make check payable to: FLORIDA DE S125.00 Filing Fee S130.00 Filing Fe					

## 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 Foreign	Limited Liability Company: must include "Limited	Liability Compai	ny," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The alternate n	ame must include "Limited Lik	ability Company," "L.E.C," or "LEC	
Delaware	hich foreign limited liability company is organized)	93-4298393		(FEI number, (l'applicable)	
4	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	registration.)	-55.		
45 Rockefeller Plaza, \$5. [Street Address of Principal Office]		45 Roc	ekefeller Plaza, Suite		
New York, NY 10111		New York, NY 10111			
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptal	ole)	2024 JAN	
Name:	Universal Registered Agents, Inc.			AH 16	
Office Address:	1317 California Street			AN III	
	Tallahassee (City)		. Florida (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.

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: Name: Marian Christian Mueller-Wolf Manager □ Manager Address: 45 Rockefeller Plaza □ Member □Member Address: Suite 2507 ☐ Authorized ☐ Authorized New York, NY 10111 Person Person □Other\_\_\_\_ □ Other Other\_\_\_\_ □Other □ Manager Name: □ Manager Name: □Member Address: ☐ Member Address: \_\_\_\_\_ ☐ Authorized ☐ Authorized Person Person □Other □Other\_\_\_\_ Other\_\_\_ □Other\_\_\_\_ Name: \_\_\_\_\_ □ Manager □Manager Name: ☐Member Address: □Member 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. Marian Christian Mueller-Wolf Signature of an authorized person Marian Christian Mueller-Wolf, Manager 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 "SAPHIRA US BIDCO, 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 SIXTEENTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAPHIRA US BIDCO, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2023.

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

Authentication: 202591804

Date: 01-16-24