## M24000002979

(Re	questor's Name)	
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Certified Copies	Certificates of	of Status
Special Instructions to Film	ng Officer:	





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To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 03/07/24 Order #: 1444938-7 Re: UFORA TT, 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: \$125.0 - FL State Account Number:

12000000195

Certificate of Good Standing from State of Incorporation 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.

## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, UFORA TT, 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 Flo	rida. The alternate name must inch	ude "Limited Liability Company," "	L.L.C," or "LLC.")
Delaware		•		
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applicable)	
3/7/2024				
4	(Date first transacted business in Florida, if prior to re	gistration )	<del></del>	
	(See sections 605,0904 & 605,0905, F.S. to determin	e penalty liability)		
c/o Investcorp 5.		6.		
(Street Address of Principal Office)		(Mailing Address	)	
280 Park Avenue, 36	W			
<del></del>		· · · · · · · · · · · · · · · · · · ·		
New York, NY 10017	•			
				. <u></u> !
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		TAR MAR
				ΛR.
Name:	Corporation Service Company			-7
, turne,	400411 01 1	<del></del>		PR - ::-
Office Address:	1201 Hays Street			100
	Tallahassee	3	32301	25
	(City)	, Florida _	(Zip code)	
<b>.</b>			(	
Registered agent's accep Having been named as re	tance: gistered agent and to accept service of pi	ocess for the above stat	ed limited liability compo	iny at the plac
designated in this applica	tion, I hereby accept the appointment as ions of all statutes relative to the proper a	registered agent and ag	ree to act in this capacity	. I further ag
	s of my position as registered agent.	іна сотрівів регуотан	ice of my unites, and I an	i jaminai kiin
	Corporation Service Company	) 		
	By: (Registered agent's si	onestine)		
	(iveRisiesen alkent a si	France (* )		

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:
□Manager	Name: H. Herbert Myers	□Manager	Name:
□Member	Address: 280 Park Avenue, 36W	□Member	Address: 280 Park Avenue, 36W
□Authorized	New York, NY 10017	□Authorized	New York, NY 10017
Person		Person	
■Other	Other	Uice Preside Other Vice Preside	dent □Other
□Manager	Name: Michael Moriarty	□Manager	Name: Ryan Bassett
□Member	280 Park Avenue, 36W	□Member	Address:
□Authorized	New York, NY 10017	□Authorized	New York, NY 10017
Person		Person	
■Other	dentOther	Vice Presid	dent □Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	<del></del>	□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. 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.

J. Michael O'Brien

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 "UFORA TT, 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 SEVENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UFORA TT, LLC"

WAS FORMED ON THE SEVENTH DAY OF MARCH, A.D. 2024.

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

Authentication: 202968367

Date: 03-07-24