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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : CAPITOL SERVICES, INC.
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****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 CTC INVESTORS USF LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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COVER LETTER

H24000204417

TO: Registration Section
Division of Corporations

SUBJECT: TPG CTC INVESTORS USF LLC if name unavailable TPG CTC INVESTORS USF FLORIDA 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:

JULIE FANELLI

Name of Person

FANELLI LAW FIRM PA

Firm/Company

180 FOUNTAIN PARKWAY, SUITE 100

Address

ST. PETERSBURG, FL 33716

City/State and Zip Code

jfanelli@fanellilaw.com

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

For further information concerning this matter, please call:

Julie Fanelli

813

384-4841

Name of Contact Person

at ()

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

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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:

1. TPG CTC INVESTORS USF LLC

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

TPG CTC INVESTORS USF FLORIDA 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 "L.L.C.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-1978410

(FEI number, if applicable)

4. May 30, 2024(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., re determination of liability.)5. 132 Veterans Lane, Unit A #468

(Street Address of Principal Office)

Doyletstown, PA 189016. 132 Veterans Lane, Unit A #468

(Mailing Address)

Doyletstown, PA 189017. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: FANELLI LAW FIRM PAOffice Address: 180 FOUNTAIN PARKWAY, SUITE 100ST. PETERSBURG

(City)

, Florida

33716

(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.

Notary Public
for
the State of
Florida
(Registered agent's signature)

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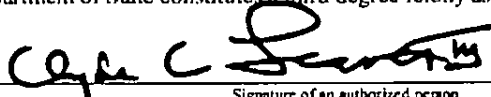
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: TPG CTC MANAGER USF LLC	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 132 VETERANS LANE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	UNIT A #468	<input type="checkbox"/> Authorized	_____
Person	DOYLESTOWN, PA 18901	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



 Signature of an authorized person

Clyde C. Leaver, III, Manager of its Manager

Typed or printed name of signee

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TPG CTC INVESTORS USF, 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 ELEVENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TPG CTC INVESTORS USF, LLC" WAS FORMED ON THE THIRTIETH DAY OF MAY, A.D. 2024.

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



3800182 8300

SR# 20242840461

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203682297

Date: 06-11-24

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