

M24000009843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

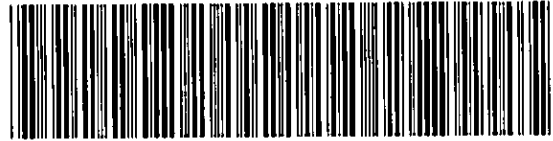
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2024 JUL 31 AM 8:49

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TALLAHASSEE, FL 32301

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2024 JUL 31 PM 3:39

TALLAHASSEE, FL 32301

JUL 31 2024

K. Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 07/31/24
Order #: 1580005-1
Re: Baillie Gifford International 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: \$125.00 - FL State Account Number:
120000000195

Certificate of Good Standing from State of Incorporation
AUTH

A handwritten signature in black ink, appearing to read "Amanda Miller", is 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: BAILLIE GIFFORD INTERNATIONAL 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:

SUSIE MCBAY

Name of Person

BAILLIE GIFFORD

Firm/Company

CALTON SQUARE, 1 GREENSIDE ROW

Address

EDINBURGH, EH1 3AN, UNITED KINGDOM

City/State and Zip Code

groupgovernanceservicesenquiries@bailliegiifford.com

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

For further information concerning this matter, please call:

SUSIE MCBAY

0044

131 275 3032

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. BAILLIE GIFFORD INTERNATIONAL 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 Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE, USA

98-0473976

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

(FEI number, if applicable)

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

780 3rd AVENUE, 43rd FLOOR

C/O CSC

5. (Street Address of Principal Office)

6. (Mailing Address)

NEW YORK

251 LITTLE FALLS DRIVE, WILMINGTON

NY 10017

DELAWARE 19808

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

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

Florida

32301

(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.

Corporation Service Company

By:

(Registered agent's signature)

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IN LAMAR, FL 06/27

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AND
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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]:

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

☒ Manager Name: DAVID SALTER

☐ Member Address: CALTON SQUARE

☐ Authorized 1 GREENSIDE ROW

Person EDINBURGH, EH1 3AN, UK

☐ Other _____ ☐ Other _____

☒ Manager Name: RYAN FITZPATRICK

☐ Member Address: 780 3rd AVENUE

☐ Authorized 43rd FLOOR

Person NEW YORK, NY 10017, USA

☐ Other _____ ☐ Other _____

☒ Manager Name: TOM WALSH

☐ Member Address: CALTON SQUARE

☐ Authorized 1 GREENSIDE ROW

Person EDINBURGH, EH1 3AN, UK

☐ Other _____ ☐ Other _____

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

☒ Manager Name: LESLEY-ANNE ARCHIBALD

☐ Member Address: 780 3rd AVENUE

☐ Authorized 43rd FLOOR

Person NEW YORK, NY 10017, USA

☐ Other _____ ☐ Other _____

☒ Manager Name: KATHRIN HAMILTON

☐ Member Address: CALTON SQUARE

☐ Authorized 1 GREENSIDE ROW

Person EDINBURGH, EH1 3AN, UK

☐ Other _____ ☐ Other _____

☒ Manager Name: CHRIS HUCKLE

☐ Member Address: CALTON SQUARE

☐ Authorized 1 GREENSIDE ROW

Person EDINBURGH, EH1 3AN

☐ 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.

DocuSigned by:



AS03AE A0344047

Signature of an authorized person

David Salter

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 "BAILLIE GIFFORD INTERNATIONAL 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 THIRTY-FIRST DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAILLIE GIFFORD INTERNATIONAL LLC" WAS FORMED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2005.

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



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

4017513 8300

SR# 20243284094

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

Authentication: 204052992

Date: 07-31-24