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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 : (855)498-5500 Phone : (800)432-3622 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	
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Foreign Limited Liability Company **AL-MONITOR LLC**

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Sonjaci		Limited Liability	Сопралу		
Existence, and	Application by Foreign Limited Liability Comcheck are submitted to register the above refer I correspondence concerning this matter to the	enced foreign lim			
		ame of Person			
	Capitol Services - Corporate Filin				
	Ŀ	irm/Company			
IMPORTANT:	515 East Park Avenue 2nd Fl				
entered here will	ĺ	Address			
be utilized for	T 11 - 51 - 52-54				
future annual eport notifications	Tallahassee, FL 32301				
nd possibly other	City/S	tate and Zip Code	•		
OTIFICATIONS	tgilreath@crestinv.com				
from the STATE to the entity!	E-mail address: (to be used	I for future annua	report notification	on)	
			•		
For further info	rmation concerning this matter, please call:				
		_at (855	_ ₎ 498 - 5500)	
	Name of Contact Person	Area Code	Daytime To	elephone Number	
MAIL	ING ADDRESS:		ŞTREET ADDI	RESS:	
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	ux 0327 assee, ∏. 32314		Clifton Building 2661 Executive Tallahassee, FL	Center Circle	
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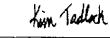
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	and acopaed for the purpose of a distance of the contract of t	nda. The alternate name m	retinence thinned then the co	rispany, and C. or i
Delaware		3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FPI number, if applicable)	
September 1, 20	24			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) inc penalty liability)		
900 19th Street NW		6. 600 Tra	avis Street	
(Street Address of	Principal Office)		(Studing Address)	
6th Floor - Squ	ad 35	Suite 6	300	
Washington, D	C 20006	Housto	n, Texas 7700	2 8 2
Name and <u>street addres</u>	55 of Florida registered agent: (P.O. Box	NOT acceptable)		2024 AUG 21
Name:	Capitol Corporate Services, In	nc.		() A 1
Office Address:	515 East Park Avenue 2nd Fl		-	MUG 21 MM II: 37
	Tallahassee		orida 32301	., 7

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



Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

H24000280936

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
⊠Manager	Name: Crest Management Inc.	Manager	Name: Mi	chelle Upton
Member	Address: 600 Travis Street	Member	Address: 6	00 Travis Street
Authorized	Suite 6800	Authorized	Suite 68	300
Person	Houston, Texas 77002	Person	Houston	n, Texas 77002
Other	Other	Other Chief Opera	ting Officer	Other
☐Manager	Name: Andrew Parasiliti	Manager	Name: Gr	egory Keever
Member	Address: 900 19th Street	Member	Address: 6	00 Travis Street
Authorized	6th Floor - Squad 35	☐ Authorized	Suite 68	300
Person	Washington, DC 20006	Person	Houstor	n, Texas 77002
⊠Other Chief Cont	ent Officer Other President	⊠Other_Vice Pre	sident	⊠Other Treasurer
Manager	Name:	☐ Manager	Name:	
Метьег	Address:	☐ Member	Address:	
Authorized		Authorized		-
Person		Person		
Other	Other	Other		Other
indexed individuals 9. Attached is a certifurisdiction under the of the translator mus 10. This document is	se an attachment to report more than six (6). The may be added to the index when filing your Florificate of existence, no more than 90 days old, are law of which it is organized. (If the certificate is be submitted) so executed in accordance with section 605.0203 then to the Department of State constitutes a thing.	orida Department of State duly authenticated by the e is in a foreign language, a (1) (b). Florida Statutes.	Annual Reponsition Annual Reponsition a translation I am aware the	ort form. Ig custody of records in the of the certificate under oath

Michelle Upton, COO

Typed or printed cause of signee

H24000280936



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AL-MONITOR 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 AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AL-MONITOR LLC"

WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2011.

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

4968478 8300

SR# 20243479282

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

Authentication: 204214912

Date: 08-21-24