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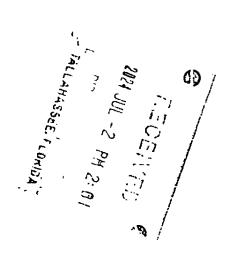
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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

07/02/2024

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Name:	HORVATH & P	PARTNERS MANAGEME	NT CONSULTING CORPORATION
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Order #:	15730466		
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Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	78.75	

Thank you!

COVER LETTER

то:	O: Registration Section Division of Corporations					
SUBJ	FCT.	HORVATH & PARTNERS N	4ANAGEMEN	NT CON	SULTING CORPO	DRATION
50150	1.01.	Name o	f corporation	- must	include suffix	
Dear S	ir or M	adam:				
"Certif	icate of	"Application by Foreign Configuration or "Certificate ced foreign corporation to tra	of Good Stan	iding" a	nd check are subm	t Business in Florida," nitted to register the
Please	return :	all correspondence concernit	ng this matter	to the f	ollowing:	
Natalie	Mason					
			Name of	Person		<u></u>
Arnall	Golden	Gregory LLP				
			Firm/Com	ipany		
171 17	th Stree	NW. Ste 2100				
			Addre	ess		
Atlanta	, GA 30	0363				
			City/State a	nd Zip o	ode	
wilheln	n.ziegle	r@agg.com				
		E-mail address:	(to be used f	for futur	e annual report n	otification)
For fur	ther in:	formation concerning this ma	atter, please c	call:		
Natalie	Mason		at (870-	5602	
	Name	e of Person	Area Cod	e	Daytime Teleph	ione Number
	Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	S:		MAILING AI Registration Sc Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Please i	nake ch	check for the following amo eck payable to: FLORIDA DE ng Fee	PARTMENT g Fee &	3 \$78.7	ATE 5 Filing Fee & ied Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	PARTNERS MANAGEMENT CONSULTING			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"СОМРАÑ	:Y,`` "CORPORATION,'	
(If name unavail:	able in Florida, enter alternate corporate name	idopted for th	ne purpose of transacting	business in Florida)
Delaware	3			
(State or countr	y under the law of which it is incorporated)		(FEI number, if appl	licable)
06/13/2019				
(Date	of incorporation) 5.	(Da	ite of duration, if other th	an perpetual)
06/17/2024				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if pr 02, F.S., to d	rior to registration) etermine penalty liability	·)
271 17th Street N	W. Suite 1750, Atlanta, GA 30363			
·	(Principal offi	ce <u>street</u> add	ress)	
	(Current mailin	g address, if	different)	
				26
Name and street	et address of Florida registered agent: (P.C	. Box <u>NOT</u>	`acceptable)	2024 0
Name:	C T Corporation System			٠,
ffice Address:	1200 South Pine Island Road			2
mee Address.	Plantation	—— FL	33324	다. ==
	(City)	·	(Zip code)	<u>လ</u> ့
	(CRy)		(inip code)	
aving been nan esignated in this	ent's acceptance: ned as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r with and accept the obligations of my po	nent as regiselative to the	stered agent and agree e proper and complete	to act in this capaci performance of my
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under the law of which it is incorporated.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Axel Borcherding Altfrid Neugebauer Name: ☐ Chairman ☐ Chairman Address: 271 17th Street NW, Suite 1750 271 17th Street NW, Suite 1750 ☐ Vice Chairman □Vice Chairman Atlanta, GA 30363 Atlanta, GA 30363 ■Director ■Director □President □President □ Vice President □Vice President □ Secretary ☐ Treasurer ☐Treasurer □ Secretary □Other _____ □Other _____ □Other _____ Other _____ Name: ____ □ Chairman □ Chairman Name: 271 17th Street NW, Suite 1750 Address: □Vice Chairman Address: □Vice Chairman Atlanta, GA 30363 □Director □Director ■President □President □Vice President □ Vice President ☐ Treasurer ■Treasurer □ Secretary ■Secretary □Other _____ □Other ____ □Other _____ □Other _____ Name: _____ Name: □ Chairman □Chairman Address: ___ □Vice Chairman Address: ☐ Vice Chairman □Director □Director □President □President □ Vice President _____ ☐ Vice President □ Treasurer □ Secretary ☐Treasurer □ Secretary □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. The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Rene Linsner (Typed or printed name and capacity of person signing application)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "HORVATH & PARTNERS MANAGEMENT

CONSULTING CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE

STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

SECOND DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 203844773

Date: 07-02-24

7465241 8300 SR# 20243044648