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Electronic Filing Menu

Corporate Filing Menu

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Help

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISIER A FOREIGN. LIMITED LIABILITY

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| (P.D. agreed, in application)  (P.D. agreed, in application, in application, in a property in application, in application, in application, in application, in application, in the application of all statutes relative to the proper and complete performance of my duties, and I am familiar agree the abligations of my position as registered agent.  (Registered agent, and address:  (Registered agent and agent agent and agent and agree to act in this capacity. I further agree the abligations of my position as registered agent.  (Registered agent agent, agen | भारत धारावणां विक्रीय, राजध्या बीकारावणां विवस   | one adopted for the purpose of transacting business in  | Florids. The alternate            | nure must farbein "Lieritet Lieb                     | Biry Coropany, T. T. L. C. 7 or T.L.C. 7)  |
| One for institutes induced in Phrita. If prior to reportulately  (See sectors 461.09% & 603.093, 7.8. in determine penalty liability)  (See sectors 461.09% & 603.093, 7.8. in determine penalty liability)  (See sectors 461.09% & 603.093, 7.8. in determine penalty liability)  (See sectors 461.09% & 603.093, 7.8. in determine penalty liability)  (See sectors 461.09% & 603.093, 7.8. in determine penalty liability)  (See sectors 461.09% & 603.093, 7.8. in determine penalty liability)  (See sectors 461.09% & 603.093, 7.8. in determine penalty liability)  (See sectors 461.09% & 603.093, 7.8. in determine penalty liability)  (Resulting Action)  New York, NY 10016  New York, NY 10016  (Resulting Action)  ( | Delaware   |   | 3                                 | (PFI number  | To the state of th |
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| Tallahassee  (Cky)  (Ck | 209 E 31rt Street  |   | 6. <u>209</u>                     | B31st Street   | <u></u>  |
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| Tallahassee  (Cky)  (Ck | Name and street addres   | s of Florian registered agent: (P.O. D  | or Moracce                        | permit   | <u> </u>   |
| Tallahassee  (Cky)  (Ck | Namo:  | eResidentAgent, Inc   |                                   | _  | <u> </u>   |
| Tallahassee  (Cky)  (Ck | # OF 11  | 236 E 6th Ave.  |                                   |  |  |
| intered agent's acceptance:  Ing been named as registered agent and to accept service of process for the above stated funited liability company at the proper and this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further samply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar succept the abligations of my position as registered agent.  (Registered agent)  (Registered agent and complete performance of my duties, and I am familiar succept the abligations of my position as registered agent.  (Registered agent)  (Registered agent)  (Registered agent and complete performance of my duties, and I am familiar succept the abligations of my position as registered agent and complete performance of my duties, and I am familiar succept the abligations of my position as registered agent and complete performance of my duties, and I am familiar succept the abligations of my position as registered agent and complete performance of my duties, and I am familiar succept the abligations of my duties, and I am familiar succept the abligations of my duties, and I am familiar succept the abligations of my duties, and I am familiar succept the abligations of my duties, and I am familiar succept the abligations of my duties, and I am familiar succept the abligations of my duties, and I am familiar succept the abligations of my duties, and I am familiar succept the abligations of my duties, and I am familiar succept the abligations of my duties, and I am familiar succept the abligations of my duties, and I am familiar succept the abligations of my duties, and I am familiar succept the abligations of my duties, and I am familiar succept the abligations of my duti | Office Address:  |   |                                   |  | Ç,   |
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| The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity:  Name and Address:  Manager  Barry Klarberg  209 E 3 lat Street   |  | (Registered age   |                                   | -  |  |
| Title or Capacity: Name and Address: Name and Name an |  |   |                                   |  |  |
| 209 E 31st Street  | The same tile of occor   | sains and address of the necton(s) who  | າ hux/have nutt                   | ority to manage is are:                              |  |
| 209 E 31st Street<br>Now York NY 10016   | The name, title or cape Title or Capacity:   | acity and address of the person(s) who<br>Name and Address:   | has/have sull<br><u>Title</u>     | ority to manage is are:<br>or Capacity:              | Name and Address:  |
|  | Title or Capacity:   | Name and Address:  Barry Klarberg   | has/move sold<br>Title            | or Capacity:   | Name and Address:  |
|  | Title or Capacity:   | Name and Address:  Barry Klarberg  200 E 31st Street  | Title                             | or Capacity:   | Name and Address:  |
|  | Title or Capacity:   | Name and Address:  Barry Klarberg  200 E 31st Street  | Title                             | or Capacity:   | Name and Address:  |
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| e attachmonis if necessary)  | Title or Capacity:   | Name and Address:  Barry Klarberg  200 E 31st Street  | Title                             | or Capacity:   | Name and Address:  |
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| a undermisent of treatments  | Title or Capacity: Manager   | Name and Address:  Barry Klarberg  209 E 31st Street  New York, NY 10016  | Title                             | or Capacity:   | Name and Address:  |
| at an on days old dub authenticated by the official baying custody of records in   | Manager  Manager  Jse attachments if neces   | Name and Address:  Barry Klarberg  209 E 31st Street New York, NY 10016   | Jille                             | or Capacity:   | saving custody of records in   |
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## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MONARCH ADVISORY, 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 EIGHTEENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MONARCH ADVISORY, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2017.

Authentication: 202904582

Oate: 07-18-17