M17000009657

(Requestor's Name)	
(Address)	
(Address)	
(0) (0) 77 (0)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	

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WB WhitmanBreed

November 10, 2017

VIA OVERNIGHT COURIER

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Enlisted Partners LLC

Dear Sir or Madam:

Enclosed please find an Application to Transact Business in Florida and a Certificate of Existence for the above-referenced foreign limited liability company. Also enclosed please find a check made payable to the Florida Department of State in the amount of one hundred fifty-five dollars (\$155.00) to cover the appropriate fees for filing the Application and a request for a certified copy of the Application.

I thank you in advance for your assistance with this matter. Please feel free to contact me should you have any questions or require anything further for this filing.

Sincerely,

Kathryn T. O'Neill koneill@wbamct.com (203) 862-2335

KTO:cgm Enclosures

4811-2610-4916, v 1

COVER LETTER

TO:

Registration Section

Division of Co	orporations				
Enlisted P	Partners LLC				
	Name of	Limited Liability Co	mpany		
The enclosed "Applicat Existence, and check ar	ntion by Foreign Limited Liability Com re submitted to register the above refer	pany for Authorizati enced foreign limite	on to Tra d liability	nsact Business in Florida," Certific company to transact business in F	ate of lorida.
Please return all corresp	spondence concerning this matter to the	e following:			
Kath	hryn O'Neill				
	<u> </u>	lame of Person		·	
Whit	itman Breed Abbott & Morgan LLC				
	F	Firm/Company			
500 \	West Putnam Avenue, 2nd Floor				
		Address			
Gree	enwich, CT 06830				
	City/S	State and Zip Code	<u> </u>		
koneil	ill@wbamct.com				
	E-mail address: (to be use	ed for future annual i	eport not	ification)	
For further information	n concerning this matter, please call:				
Kathryn O'Ne	eill	203	862-23	35	
	Name of Contact Person	Area Code	Day	time Telephone Number	
MAILING A Division of Co Registration S P.O. Box 632 Tallahassee, F	Corporations Section 27		Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
Enclosed is a check for ☐ \$125.00 Fit	or the following amount: iling Fee	■ \$155.00 Filing Certified Copy	g Fee &	S160.00 Filing Fee, Certificat of Status & Certified Copy	e

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

IN COMPLANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIMBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limited		
	same adopted for the purpose of transacting business in Fior		d Liandity Company, "L.L.L. or "LIC 1
Delaware (introduction under the law of w	nich foreign limited habitav company is organized)	3. <u>82-3335361</u>	numoet, if applicable)
	·		
·	(I)ate list transacted numbers in Florida, if must to t	registration.)	
712 Fifth Avenue	(See sections 605 0904 & 605,0905; 17.5; to determine	6. 712 Fifth Avenue	
(Street Address of	Principal Office)	(Alailug	; Address;
14th Floor		14th Floor	
New York, NY 10019		New York, NY 10019	
•	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)	
Name:			
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	
Registered agent's accep	(Cny)	(2)	ip code)
o comply with the provis	tion, I hereby accept flic appointment a ions of all statutes relative to the proper is of my position as registored upon	und complete performance of	eact in this capacity. I further agre
o comply with the provisuand accept the obligation	ttion, I hereby accept flic appointment a ions of all statutes relative to the proper	signature) Janet Budhu, Assaus/have authority to manage is/a	act in this capacity. I further agreemy duties, and I am familiar with t. Vice President
o comply with the provisuand accept the obligation	tion, I hereby accept flic appointment at ions of all statutes relative to the proper is of my position as registored agent. (Registered upont)	signature) Janet Budhu, Ass	act in this capacity. I further agreemy duties, and I am familiar with
to comply with the provisional accept the obligation 8. The name, title or cap	acity and address of the person(s) who ha	signature) Janet Budhu, Assarshave authority to manage is/a Title or Capacity: Manager	t. Vice President To Same and Address: Michael Loch
so comply with the provisuand accept the obligation 8. The name, title or cap Title or Capacity:	acity and address of the person(s) who ha	signature) Janet Budhu, Assarshave authority to manage is/a Title or Capacity: Manager	my duties, and I am familiar with t. Vice President rc: Name and Address:
so comply with the provisuand accept the obligation 8. The name, title or cap Title or Capacity:	acity and address of the person(s) who has Name and Address: Richard Vogel Richard Masserson Richard Masserson	signature) Janet Budhu, Assas/have authority to manage is/a Title or Capacity: Manager	t. Vice President To Same and Address: Michael Loeb 712 Fifth Avenue, 14th Flor
to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Manager	acity and address of the person(s) who has Name and Address: Richard Vogel 712 Fifth Avenue, 14th Floor New York, NY 10019	signature) Janet Budhu, Assas/have authority to manage is/a Title or Capacity: Manager	t. Vice President To Same and Address: Michael Loeb 712 Fifth Avenue, 14th Flor
to comply with the provisional accept the obligation 8. The name, title or cap Title or Capacity: Manager Manager	acity and address of the person(s) who has Name and Address: Richard Vogel 712 Fifth Avenue, 14th Floor New York, NY 10019 Richard Masterson 600 East Elkcam Circle, Unit Marco Island, FL 34146	signature) Janet Budhu, Assas/have authority to manage is/a Title or Capacity: Manager	t. Vice President re: Name and Address: Michael Loeb 712 Fifth Avenue, 14th Flor
8. The name, title or cap Title or Capacity: Manager Manager (Use attachments if neces purisdiction under the law	acity and address of the person(s) who has Name and Address: Richard Vogel 712 Fifth Avenue, 14th Floor New York, NY 10019 Richard Masterson 600 East Elkcarn Circle, Unit Marco Island, FL 34146 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificat	signature: Janet Budhu, Assass/have authority to manage is/a Title or Capacity: Manager 1637	my duties, and I am familiar with t. Vice President rc: Name and Address: Michael Loeb 712 Fifth Avenue, 14th Flor New York, NY 10019
8. The name, title or cap Title or Capacity: Manager Manager (Use attachments if necessity is a certificate purisdiction under the law of the translator must be second	acity and address of the person(s) who has Name and Address: Richard Vogel 712 Fifth Avenue, 14th Floor New York, NY 10019 Richard Masterson 600 East Elkcarn Circle, Unit Marco Island, FL 34146 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificat	Janet Budhu, Assaus/have authority to manage is/a Title or Capacity: Manager 1637 duly authenticated by the officine is in a foreign language, a training at the company of the company	act in this capacity. I further agricate my duties, and I am familiar with t. Vice President re: Name and Address: Michael Loeb 712 Fifth Avenue, 14th Flor New York, NY 10019 al having custody of records in the instation of the certificate under oath aware that any false information
8. The name, title or cap Title or Capacity: Manager Manager (Use attachments if neces jurisdiction under the law of the translator must be s	acity and address of the person(s) who have and Address: Richard Vogel 712 Fifth Avenue, 14th Floor New York, NY 10019 Richard Masterson 600 East Elkcam Circle, Unit Marco Island, FL 34146 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) cuted in accordance with section 605,020, of the Department of State constitutes a the state of the person	Janet Budhu, Assaus/have authority to manage is/a Title or Capacity: Manager 1637 duly authenticated by the officine is in a foreign language, a training at the company of the company	act in this capacity. I further agree my duties, and I am familiar with t. Vice President re: Name and Address: Michael Loeb 712 Fifth Avenue, 14th Floor New York, NY 10019 al having custody of records in the instation of the certificate under oath aware that any false information or in s.817.155. F.S.
8. The name, title or cap Title or Capacity: Manager Manager (Use attachments if necessity is a certificate jurisdiction under the law of the translator must be second	acity and address of the person(s) who have and Address: Richard Vogel 712 Fifth Avenue, 14th Floor New York, NY 10019 Richard Masterson 600 East Elkcam Circle, Unit Marco Island, FL 34146 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) cuted in accordance with section 605,020, of the Department of State constitutes a the state of the person	Janet Budhu, Assaus/have authority to manage is/a Title or Capacity: Manager duly authenticated by the officite is in a foreign language, a training degree felony as provided for	act in this capacity. I further agree my duties, and I am familiar with t. Vice President re: Name and Address: Michael Loeb 712 Fifth Avenue, 14th Flor New York, NY 10019 all having custody of records in the instation of the certificate under oath aware that any false information

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ENLISTED PARTNERS 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 THIRD DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENLISTED PARTNERS LLC" WAS FORMED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2017.

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

Authentication: 203512897

Date: 11-03-17

6597873 8300 SR# 20176926372