

M190000003413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

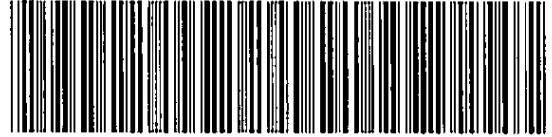
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



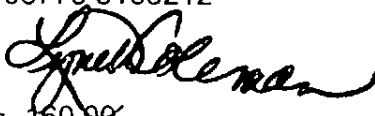
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2018 APR -11 PM 10:43
STATE OF ARIZONA
CLERK OF SUPERIOR COURT

2018 APR -11 PM 1:31
STATE OF ARIZONA
CLERK OF SUPERIOR COURT

4-5-19
BX

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 708779 5168212
AUTHORIZATION : 
COST LIMIT : \$ 160.00

ORDER DATE : APRIL 2, 2019
ORDER TIME : 12:04 PM
ORDER NO. : 708779-005
CUSTOMER NO: 5168212

FOREIGN FILINGS

NAME: UBS BUSINESS SOLUTIONS US LLC

XX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ROXANNE TURNER EXT 62969

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UBS BUSINESS SOLUTIONS US 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:

MARGARET HECKLER

Name of Person

UBS AG

Firm/Company

600 WASHINGTON BLVD.

Address

STAMFORD, CT 06901

City/State and Zip Code

peggy.heckler@ubs.com

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

For further information concerning this matter, please call:

Margaret Heckler

203

719-5534

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

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. UBS BUSINESS SOLUTIONS US LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

DE

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

3. (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)

5. 315 Dearerick
(Street Address of Principal Office)

6. (Mailing Address)

Nashville TN 37238

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (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.

By: Corporation Service Company

Roxanne Turner
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

2019 APR - 11 AM 10:43
SECRET

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Wanda Lyle</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Lee Spaventa</u>
<input type="checkbox"/> Member	Address: <u>315 Deaderick Street</u>	<input type="checkbox"/> Member	Address: <u>315 Deaderick Street</u>
<input type="checkbox"/> Authorized	<u>Nashville, TN 37238</u>	<input type="checkbox"/> Authorized	<u>Nashville, TN 37238</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Charles Nobs</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Robert Anselmo</u>
<input type="checkbox"/> Member	Address: <u>600 Washington Blvd.</u>	<input type="checkbox"/> Member	Address: <u>1000 Harbor Blvd.</u>
<input type="checkbox"/> Authorized	<u>Stamford, CT 06901</u>	<input type="checkbox"/> Authorized	<u>Weehawken, NJ 07086</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Samuel Molinaro</u>	<input type="checkbox"/> Manager	Name: <u>Margaret Heckler</u>
<input type="checkbox"/> Member	Address: <u>600 Washington Blvd.</u>	<input type="checkbox"/> Member	Address: <u>600 Washington Blvd.</u>
<input type="checkbox"/> Authorized	<u>Stamford, CT 06901</u>	<input checked="" type="checkbox"/> Authorized	<u>Stamford, CT 06901</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

M. Heckler

Signature of an authorized person

Margaret Heckler

Typed or printed name of signee

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UBS BUSINESS SOLUTIONS US 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 APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UBS BUSINESS SOLUTIONS US LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2006.

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




Jeffrey W. Bullock, Secretary of State

4252843 8300

SR# 20192511618

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

Authentication: 202569539

Date: 04-03-19