

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

**Foreign Limited Liability Company
GlassRatner Advisory & Capital Group, LLC**

Certificate of Status	0
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JUL 31 2019

2019 JUL 29 AM 9:20
CORPORATIONS DIV

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. GlassRatner Advisory & Capital Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC")

2. Delaware 83-1277218
(Jurisdiction under the law of which foreign limited liability company is organized) (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. c/o B. Riley Financial Inc.
(Street Address of Principal Officer)

6. c/o B. Riley Financial Inc.
(Mailing Address)

21255 Burbank Blvd., Suite 400

21255 Burbank Blvd., Suite 400

Woodland Hills, CA 91367

Woodland Hills, CA 91367

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
(City) Florida (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: C T Corporation System Kimberly Laughrey
(Registered agent's signature) Assistant Secretary

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]:

Title or Capacity: Name and Address:

☐ Manager Name: Ian Ratner

☐ Member Address: 3445 Peachtree Road

☐ Authorized Suite 1225

Atlanta, GA 30326

 Person

☒ Other CEO ☐ Other _____

☒ Manager Name: Thomas Kelleher

☐ Member Address: 11100 Santa Monica Blvd

☐ Authorized 8th Floor

Los Angeles, CA 90025

 Person

☐ Other _____ ☐ Other _____

☐ Manager Name: Todd Beresin

☐ Member Address: 3445 Peachtree Road

☒ Authorized Suite 1225

Atlanta, GA 30326

 Person

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Bryant Riley

☐ Member Address: 11100 Santa Monica Blvd

☐ Authorized 8th Floor

Los Angeles, CA 90025

 Person

☐ Other _____ ☐ Other _____

☒ Manager Name: Phillip J. Ahn

☐ Member Address: 21255 Burbank Blvd.

☐ Authorized Suite 400

Woodland Hills, CA 91367

 Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person

☐ 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.

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.



Signature of an authorized person

Todd Beresin

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 "GLASSRATNER ADVISORY & CAPITAL GROUP, 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-NINTH DAY OF JULY, A.D. 2019.

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



6970002 8300

SR# 20196202654

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203303885

Date: 07-29-19