# N9QQF16

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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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19 OCT IS 211 36 LE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 013568 \_ 430455

AUTHORIZATION : Spelle le mani

COST LIMIT : \$ 125.00

ORDER DATE: October 16, 2019

ORDER TIME : 4:08 PM

ORDER NO. : 013568-005

CUSTOMER NO: 4304557

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#### FOREIGN FILINGS

NAME: GRYPHON TRADING COMPANY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD CHANG

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

#### **COVER LETTER**

TO:

Registration Section

SUBJECT:		NG COMPANY, LLC					
Name of Limited Liability Company							
The enclose Existence, a	d "Application by Fore and check are submitted	eign Limited Liability Co I to register the above ref	mpany for Authori erenced foreign lin	zation to Transact nited liability com	Business in Flo pany to transac	orida," ( t busine	Certificate of ss in Florida.
Please return	n all correspondence co	oncerning this matter to th	ne following:				
	Stephanie Micha	acls			<u> </u>	<u> </u>	
	Name of Person		<u>;                                    </u>	) 6.11°Z			
	Vedder Price P.G	C.			- Film VS	H 100	
			Firm/Company		[1] [1]	<del></del>	
	222 N. LaSalic S	St., Suite 2600			٠٠ د ١٠	1: 4: 44	
			Address		Ü,	t	
	Chicago, IL 606	01			<i>,</i>		
		City/	State and Zip Cod	е	<del></del>		
	spatch@gryphonle	easing.com					
		E-mail address: (to be us	ed for future annua	al report notification	οπ)		
For further in	nformation concerning	this matter, please call:					
Ste	phanie Michaels		312 at (	609-7523			
	Name of	Contact Person	Area Code	Daytime T	elephone Num	ber	
Divi Regi P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327			STREET ADD Division of Corp Registration Sec Clifton Building	orations tion		
	ahassee, FL 32314 osed is a check for the	following amount:		2661 Executive Tallahassee, FL			
Pleas	se make check payable	to: FLORIDA DEPAR			_		
<b>□</b> :	\$125.00 Filing Fee	S130.00 Filing Fee of Certificate of Sta		Filing Fec & lied Copy	\$160.00 Fi of Status &		e, Certificate ed 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

GRYPHON TRADII	NG COMPANY, LLC					
(Name of Foreig	n Limited Liability Company; must include "Lim	ited Liability Company," "L L C.," or "	u.c. ) <u>~ ,                                     </u>	=======================================		
N/A				19 GC	• , ,	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limi	ited Liability Con	фелу," "L.1.	.C." or "LLC."	
DELAWARE 2.		84-3374129 3.	5%. C	5		
(Jurisdiction under the law of	which foreign limited liability company is organized)	3	(FEI number, if applicable) =			
			· .	Ψ.	• •	
4			7	r. Ui		
	(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905; F.S. to deten	o registration.) nine penalty liability)				
101 NE Third Ave. 5. (Street Address of Principal Office)		101 NE Third Ave.				
		(Mailir	ig Address)	·	<del></del>	
Suite 610		Suite 610				
Fort Lauderdale, FL 33301		Fort Lauderdale, FL	33301			
7. Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	( <u>NOT</u> acceptable)		•		
Name:	Corporation Service Company					
Office Address:	1201 Hays Street					
	Tallahassee	32301 , Florida				
	(City)		p 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.

(Registered noent's signature)

Roxanne Turner Asst. Vice President

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: Title or Capacity: Name and Address: Steven Patch Steven Patch Manager Name: 101 NE Third Ave. 101 NE Third Ave. ■ Member Address: Address: Suite 610 Suite 610 Authorized Authorized Fort Lauderdale, FL 33301 Fort Lauderdale,-FL 33301 Person Person Other CEO Other\_ Other Benji Rosenbaum Benji Rosenbaum Manager Manager Name: 101 NE Third Ave. Member Address: Address: Suite 610 Suite 610 Authorized Authorized Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301 Person Person Other Chief Investment Officer Other Other Other Manager Name: \_\_\_\_\_ Name: Manager Member Address: ☐ Member Address: \_\_\_\_\_ ☐ Authorized Authorized Person Person Other\_\_\_\_\_ 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.

- 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.

nature of an authorized person STEVEN PATCH, CHIEF EXECUTIVE OFFICER Typed or printed name of signee

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GRYPHON TRADING COMPANY, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRYPHON TRADING COMPANY, LLC" WAS FORMED ON THE FOURTEENTH DAY OF OCTOBER, A.D. 2019.

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

Authentication: 203799357

Date: 10-15-19