

M20000001162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

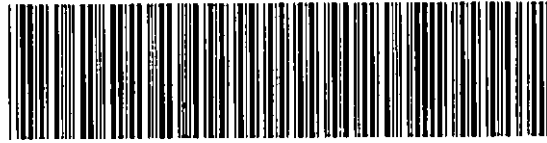
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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lazard Asset Management 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:

Thomas Dodwell

Name of Person

Lazard Asset Management LLC

Firm/Company

30 Rockefeller Plaza

Address

New York, New York 10112

City/State and Zip Code

thomas.dodwell@lazard.com; travis.hungreder@lazard.com

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

For further information concerning this matter, please call.

Thomas Dodwell

Name of Contact Person

212
at ()

Area Code

632 6615
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



\$140.00 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. Lazard Asset Management LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," "Ltd" or "LLP")

(If name is unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Foreign Limited Liability Company," "LLC," "Ltd" or "LLP")

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

3. 10/1/2019
(Date first transacted business in Florida, if prior to incorporation)
(See sections 605.0901 to 605.0903, F.S. for disclosure periods, liability)

4. 777 Brickell Avenue, Suite 500
(Current Address of Principal Office)
Miami
FL 33131
Lazard Asset Management LLC
777 Brickell Avenue, Suite 500
Miami, FL 33131

5. 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
FL 33324

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.

Mike Jones Assistant Secretary
(Registered agent's signature)

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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):

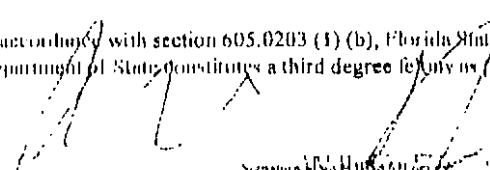
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: Ashish Butani	☐ Manager	Name: William Rosenberg
☐ Member	Address: 30 Rockefeller Plaza	☐ Member	Address: 30 Rockefeller Plaza
☒ Authorized	New York	☒ Authorized	New York
Person	NY 10112	Person	NY 10112
☐ Other	☐ Other	☐ Other	☐ Other
 ☐ Manager	Name: Mark Anderson	 ☐ Manager	Name: _____
☐ Member	Address: 30 Rockefeller Plaza	☐ Member	Address: _____
☒ Authorized	New York	☐ Authorized	_____
Person	NY 10112	Person	_____
☐ Other	☐ Other	☐ Other	☐ Other
 ☐ Manager	Name: _____	 ☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	☐ Other	☐ Other	☐ Other

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 ALBANY COUNTY CLERK
 STATE OF NEW YORK

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.



 Managing Director
 Global Head of Operations & Finance
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 "LAZARD ASSET MANAGEMENT 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 TWENTIETH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAZARD ASSET MANAGEMENT LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2002.

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

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2020 JAN 29 AM 11:27
DELAWARE



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SR# 20198169592

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: 204046347

Date: 11-20-19