Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383 Fax Number

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: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107 Phone : (561)594-1639 Fax Number

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Foreign Limited Liability Company

GlassRatner Advisory & Capital Group, LLC

	Name and Address of the Owner, where the Party of the Par
Certificate of Status	1
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FILE DATE: 07/29/2019.

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3/2/20, 3:07 PM

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

IN COMPLIANCE WITH SECTION 803.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECEISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY GlassRatuer Advisory & Capital Group, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," L.L.C., or "L.L.C.," (If name answeighble, ower altoristic name adopted for the purpose of transacting turiners in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC," or "LLC,") 83-1277218 (FEI number, if applicable) (Jurisdiction trades the law of which foreign limited liability company is organized) 07/29/2019 - Entity Inadvertently withdrew on 7/29/2019, original Doc# M19000007311 (Date first transacted beamers in Florida, if prior to registration.)
See sections 503 0904 & 603 0903, F.S. to determine penalty liability) C/O B. RILEY FINANCIAL INC. C/O B. RILEY FINANCIAL INC. (Makag Address) (Street Address of Principal Office) 21255 BURBANK BLVD, SUITE 400 21255 BURBANK BLVD, SUITE 400 WOODLAND HILLS, CA 9136? WOODLAND HILLS, CA 91367 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT CORPORATION SYSTEM Name: 1200 SOUTH PINE ISLAND ROAD Office Address: PLANTATION 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.

William Bleier, Assistant Secretary

(Registreed agent's signature)



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:
□Manager	Name: LAN RATNER	<b>⊟</b> Manager	Name: BRYANT RILEY
☐ Member	Address:	□Member	Address: 11100 SANTA MONICA BLV
□Authorized	SUITE 1225	□Authorized	8TH FLOOR
Person	ATLANTA, GA 30326	Person	LOS ANGELES, CA 90025
■ Other CEO	Other	□ Other	Cother
<b>国Manager</b>	Name: THOMAS KELLEHER	<b>≅</b> Manager	Name: PHILLIP J ANN
☐ Member	Address: 11100 SANTA MONICA BLVO	□Member	Address: 21255 BURBANK BLVD
□ Authorized	8TH FLOOR	□ Authorized	SUTTE 400
Person	LOS ANGELES, CA 90025	Person	WOODLAND HILLS, CA 91367
Other	□Other	□Other	□Other
☐ Manager	TODD BERESIN Name:	□ Manager	Name:
Member	3445 FEACHTREE ROAD Address:	□Meanber	Address:
□Authorized	SUITE 1225	□Authorized	
Person	ATLANTA, GA 30326	Person	
<b>₩</b> Other AP	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.

Signature of an authorized person

Carlos M Alvarez, Attorney-in-Fact

Typed or printed name of signare

## 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 SECOND DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLASSRATNER ADVISORY & CAPITAL GROUP, LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2018.

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

200 MAR -2 MA 8: 59

6970002 8300

SR# 20201844690
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202496048

Date: 03-02-20