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**Foreign Limited Liability Company
Sontag Advisory LLC**

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

IN COMPLIANCE WITH SECTION 055.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sontag Advisory LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")
2. New York
(Jurisdiction under the laws of which foreign limited liability company is organized)
3. 13-3831584
(FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 055.0901 & 055.0905, F.S. to determine penalty liability)
5. 521 Fifth Avenue, 15th Floor
(Street Address of Principal Office)
New York, NY 10175
6. 500 West Madison Street, Suite 2710
(Mailing Address)
Chicago, IL 60661

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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: CT Corporation System
(Registered 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]

<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: Edward O'Malley	<input checked="" type="checkbox"/> Manager	Name: Brett Schneider
<input type="checkbox"/> Member	Address: 1250 Capital of Texas Hwy S.	<input type="checkbox"/> Member	Address: 340 Madison Avenue
<input type="checkbox"/> Authorized	Building 2, Suite 600	<input type="checkbox"/> Authorized	20th Floor
<input type="checkbox"/> Person	Austin, TX 78746	<input type="checkbox"/> Person	New York, NY 10173
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Veronica Moo	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 340 Madison Avenue	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	20th Floor	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Person	New York, NY 10173	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Person	_____	<input type="checkbox"/> 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.



Signature of an authorized person

Veronica Moo

Typed or printed name of signer

State of New York Department of State } ss:

I hereby certify, that SONTAG ADVISORY LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/05/1995, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

An Affidavit of Publication of SONTAG ADVISORY LLC was filed 06/21/1995.

An Affidavit of Publication of SONTAG ADVISORY LLC was filed 06/21/1995.

A Biennial Statement was filed 09/25/1997.

A Biennial Statement was filed 04/13/1999.

A Biennial Statement was filed 04/17/2001.

A Biennial Statement was filed 04/03/2003.

A Biennial Statement was filed 04/22/2005.

Certificate of Change was filed on 12/15/2005.

A Biennial Statement was filed 04/30/2007.

A Biennial Statement was filed 04/16/2009.

A Biennial Statement was filed 05/10/2011.

A Biennial Statement was filed 04/22/2013.

A Biennial Statement was filed 04/16/2015.

A Biennial Statement was filed 04/12/2017.

A Certificate of Merger was filed on 11/16/2017.

A Certificate of Change was filed on 01/28/2019.

A Biennial Statement was filed 04/17/2019.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 05th day of June
two thousand and twenty.

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2020 JUN 08 PM 4:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

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