

6/25/2020

Division of Corporations

Pennsylvania Department of State  
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To:

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Phone : (614)280-3338  
Fax Number : (954)208-0845

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Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
WHITEBOARD ADVISORS, LLC**

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WHITEBOARD ADVISORS, 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

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

3. 81-4649164

(FEI number, if applicable)

4. upon filing

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. (Street Address of Principal Office)

1000 Potomac St. NW, Suite 150

Washington, District of Columbia 20007

6. (Mailing Address)

1000 Potomac St. NW, Suite 150

Washington, District of Columbia 20007

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

(City)

, Florida

33324

(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.

C T Corporation System

By:

(Registered agent's signature)

Ternell Kearney Assistant Secretary

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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: <u>Anurima Bhargava</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Tom Eitel</u>
<input type="checkbox"/> Member	Address: <u>1000 Potomac St. NW, Ste 150</u>	<input type="checkbox"/> Member	Address: <u>1000 Potomac St. NW, Ste 150</u>
<input type="checkbox"/> Authorized	<u>Washington, DC 20007</u>	<input type="checkbox"/> Authorized	<u>Washington, DC 20007</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Seth Harris</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>William Hansen</u>
<input type="checkbox"/> Member	Address: <u>1000 Potomac St. NW, Ste 150</u>	<input type="checkbox"/> Member	Address: <u>1000 Potomac St. NW, Ste 150</u>
<input type="checkbox"/> Authorized	<u>Washington, DC 20007</u>	<input type="checkbox"/> Authorized	<u>Washington, DC 20007</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Larry Lutz</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Erin Roth</u>
<input type="checkbox"/> Member	Address: <u>1000 Potomac St. NW, Ste 150</u>	<input type="checkbox"/> Member	Address: <u>1000 Potomac St. NW, Ste 150</u>
<input type="checkbox"/> Authorized	<u>Washington, DC 20007</u>	<input type="checkbox"/> Authorized	<u>Washington, DC 20007</u>
Person	_____	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.

DocuSigned by:

Erin J. Roth

3F7E7D2AD1204E8

Signature of an authorized person

Erin J. Roth,  
Manager

Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WHITEBOARD ADVISORS, 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-SECOND DAY OF JUNE, A.D. 2020.

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



6243785 8300

SR# 20205822852

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 203149451

Date: 06-22-20