

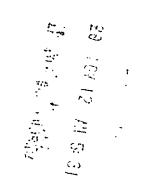
(Requestor's Name)
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L PENUEDIK NOA E 2 2220 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

*1

ACCOUNT NO. : I2000000195

REFERENCE : 504961

8172146

AUTHORIZATION TOPELO CENTRAL

COST LIMIT : \$160.00

ORDER DATE: November 10, 2020

ORDER TIME : 11:29 AM

ORDER NO. : 504961-005

CUSTOMER NO: 8172146

FOREIGN FILINGS

NAME: DISCIDIUM VENTURE PARTNERS,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Discidium Venture Partners, LLC					
	Ni	ame of Limited Liability Company				
The en Exister	nclosed "Application by Foreign Limited Liabiline, and check are submitted to register the above	ty Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida.				
Ptease	return all correspondence concerning this matte	er to the following:				
	Bruce Goldstone					
	Name of Person					
	Discidium Venture Partners, LLC					
	Firm/Company					
	71 South Wacker Drive, Suite 27	75				
	Address					
	Chicago, IL 60606					
		City/State and Zip Code				
	bruce@secondavenue.com					
	E-mail address: (to	be used for future annual report notification)				
or furt	ther information concerning this matter, please o	zati:				
	Bruce Goldstone	773 259-0789				
	Name of Contact Person	Area Code Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing Fe Certificate	ec & 🗆 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate				

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:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Li	iability Company," "L.1. C." or "
Delaware		82-3401893	
(Jurisdiction under the law of	which foreign limited liability company is organized)	3. (FEI numb	per, if applicable)
1/1/2020			
	(Date first transacted business in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty hability)	
999 Brickell Avenue		999 Brickell Avenue, Suite	e 940
est Address of Principal Office)	 	6. (Mailing Address)	
Miami, FL 33131		Miami, FL 33131	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	r. (c.1
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	رد) ت میست
Name and street addre	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)	
		NOT acceptable)	
Name:	Corporation Service Company	NOT acceptable) 32301	

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: Spanda & Floren (Registered agent's rignature) Corporation Service Company

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: Michael Rothman □ Manager □ Manager 999 Brickell Avenue, Suite 94 ■Member Address: □Member Address: _____ Miami, FL 33131 ☐ Authorized □ Authorized Person Person ☐Other____ Other____ □Other □ □Other____ □ Manager □Manager □ Member Address: ☐ Member Address: □ Authorized □ Authorized Person Person Other □Other_____ Other____ ☐Other____ □Manager Name: _____ ☐ Manager □Member Address: ☐ Member Address: □ Authorized ☐ Authorized Person Person ☐Other____ □Other □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. 1 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 Michael Rothman Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "DISCIDIUM VENTURE PARTNERS, 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 TENTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DISCIDIUM"

VENTURE PARTNERS, LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D.

2017.

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



Authentication: 204051337

Date: 11-10-20