

MA0000010302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

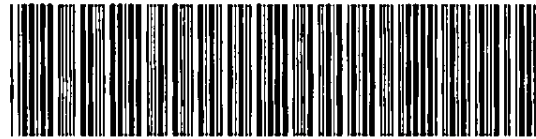
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 OCT -9 AM 7:04
ASHTABURG, MD

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October 30, 2020

VIA CERTIFIED MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Foreign LLC Application to Transact Business in FL- US Engagement, LLC

Dear Registration Section:

Enclosed please find the following items in accordance with the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida on behalf of U.S. Engagement, LLC:

- (1) Certificate of Existence duly authenticated by the official having custody of the record in New York;
- (2) Application by Foreign Limited liability Company for Authorization to Transact Business in Florida;
- (3) A check for \$155.00 for the filing fee and certified copy.

Please let me know if you have any questions or require additional information.

Sincerely,



Jessica Honan
Assistant General Counsel
US Engagement, LLC
officeofgeneralcounsel@usimagingnetwork.com

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. US Engagement, 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. New York 85-1061046
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 09/24/2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 733 Third Avenue
(Street Address of Principal Office)

6. 733 Third Avenue
(Mailing Address)

11th Floor
New York, NY 10017

11th Floor
New York, NY 10017

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

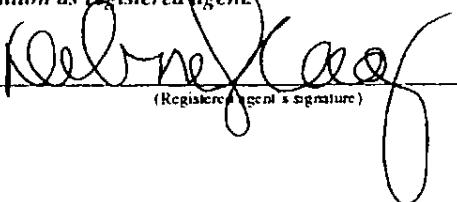
Name Deborah Menendez

Office Address 4502 Woodland Corporate Blvd.

Tampa, Florida 33614
(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.


(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: John Moore	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address 733 Third Avenue, 11th Floor	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	New York, NY 10017	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____
Person	_____	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	_____
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.



Signature of an authorized person
John Moore

Typed or printed name of signer

**State of New York
Department of State } ss:**

I hereby certify, that US ENGAGEMENT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/27/2020, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 27th day of October
two thousand and twenty.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State