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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

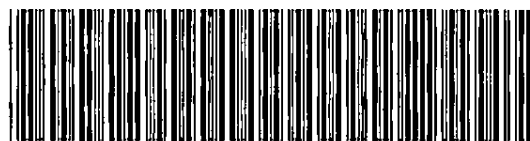
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stonybrook Capital, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kendel Bell

Name of Person

Stonybrook Capital, LLC

Firm/Company

122 East 42nd Street, Suite 2120

Address

New York, NY 10016

City/State and Zip Code

Cao@stonybrookcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kendel Bell

917

974-7745

at ( )

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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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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. Stonybrook Capital, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FBI number, if applicable)

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

5. 122 East 42nd Street, Suite 2120  
(Street Address of Principal Office)

New York, NY 10016

6. 122 East 42nd Street, Suite 2120  
(Mailing Address)

New York, NY 10016

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

Name: C T Corporation System

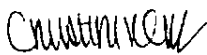
Office Address: 1200 South Pine Island Road

Plantation, 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.

Christine Keim  
Assistant Secretary



(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]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Joseph Scheerer

☐ Member Address: 122 East 42nd St., Suite 2120

☐ Authorized New York, NY 10016

Person \_\_\_\_\_

☒ Other CEO & Principal ☐ Other \_\_\_\_\_

☐ Manager Name: Thomas Deane

☐ Member Address: 122 East 42nd St., Suite 2120

☐ Authorized New York, NY 10016

Person \_\_\_\_\_

☒ Other Partner / M.D. ☐ Other \_\_\_\_\_

☐ Manager Name: Gregory Morrison

☒ Member Address: 122 East 42nd St., Suite 2120

☐ Authorized New York, NY 10016

Person \_\_\_\_\_

☒ Other Partner ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Ravi Arps

☐ Member Address: 122 East 42nd St., Suite 2120

☐ Authorized New York, NY 10016

Person \_\_\_\_\_

☒ Other Partner / M.D. ☐ Other \_\_\_\_\_

☐ Manager Name: Ian Winchester

☐ Member Address: 122 East 42nd St., Suite 2120

☐ Authorized New York, NY 10016

Person \_\_\_\_\_

☒ Other Chairman ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

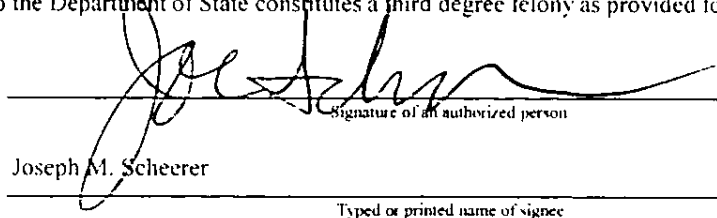
Person \_\_\_\_\_

☐ 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

Joseph M. Scheerer  
\_\_\_\_\_  
Typed or printed name of signer

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

I hereby certify, that STONYBROOK CAPITAL ONE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/17/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment STONYBROOK CAPITAL ONE, LLC, changing its name to STONYBROOK CAPITAL, LLC , was filed 02/25/2019.



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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 30th day of October two  
thousand and twenty.*

*Brendan C Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State