

M200000 11309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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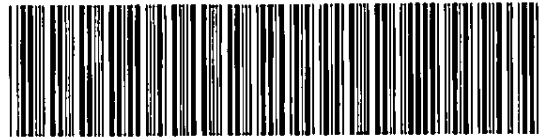
(Business Entity Name)

(Document Number)

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2020 DEC -8 PM 2:15  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**DATE: 12/8/20**

**NAME: NIKI GP, LLC**

**TYPE OF FILING: APPLICATION**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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*please file first*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NIKI GP, 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:

Alexandria Tripoli

\_\_\_\_\_  
Name of Person

Blanchard, Krasner & French

\_\_\_\_\_  
Firm/Company

800 Silverado Street, 2nd Floor

\_\_\_\_\_  
Address

La Jolla, CA 92037

\_\_\_\_\_  
City/State and Zip Code

atripoli@bkflaw.com

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

For further information concerning this matter, please call:

Ali Tripoli

\_\_\_\_\_  
Name of Contact Person

858

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

551-2440

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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. NIKI GP, 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. CA

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

3.

(FBI number, if applicable)

4. Upon Filing

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

5. 11720 El Camino Real, Suite 250

(Street Address of Principal Office)

6. 11720 El Camino Real, Suite 250

(Mailing Address)

San Diego, CA 92130

San Diego, CA 92130

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301

(City)

, Florida

(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.

*karen rose*

(Registered agent's signature)

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2028 DEC - 8 AM 9:31  
TALLAHASSEE, FLORIDA

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: Matthew Blanchard

☐ Member Address: 11720 El Camino Real

☐ Authorized Suite 250

Person San Diego, CA 92130

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☒ Manager Name: David Trakman

☐ Member Address: 11720 El Camino Real

☐ Authorized Suite 250

Person San Diego, CA 92130

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Genevieve Hedrick

☐ Member Address: 11720 El Camino Real

☐ Authorized Suite 250

Person San Diego, CA 92130

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

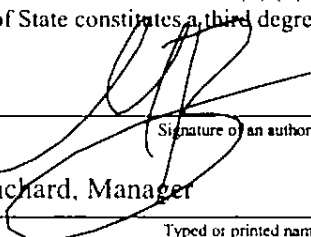
Person \_\_\_\_\_

☐ 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  
Matthew Blanchard, Manager  
\_\_\_\_\_  
Typed or printed name of signer



## Secretary of State Certificate of Status

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

**Entity Name:** NIKI GP, LLC  
**File Number:** 201900810159  
**Registration Date:** 01/07/2019  
**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY  
**Jurisdiction:** CALIFORNIA  
**Status:** ACTIVE (GOOD STANDING)

As of November 18, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of California  
this day of November 19, 2020.

A handwritten signature in black ink, reading "Alex Padilla".

**ALEX PADILLA**  
Secretary of State

**Certificate Verification Number:** ZQPPL3R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bebizfile.sos.ca.gov/certification/index](https://bebizfile.sos.ca.gov/certification/index).