

1/19/2021

H2100000688

Division of Corporations
Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company

LWPH LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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SMF
1/20/21

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. LWPH LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. _____
(F.I.T. number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0902, F.S. to determine penalty liability)

5. 345 Park Avenue, 8th Floor
(Street Address of Principal Office)

6. _____
(Mailing Address)

New York, NY 10154

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.

By: Sandra Zwijack (Registered agent's signature)
C.T. Corporation System Sandra Zwijack,
Assistant Secretary

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>
☒ Manager	Name: <u>Brian Harris</u>	☒ Manager	Name: <u>Pamela McCormack</u>
☐ Member	Address: <u>345 Park Ave., 8th Floor</u>	☐ Member	Address: <u>345 Park Ave., 8th Floor</u>
☐ Authorized	<u>New York, NY 10154</u>	☐ Authorized	<u>New York, NY 10154</u>
Person	<u></u>	Person	<u></u>
☐ Other	<u></u>	☐ Other	<u></u>
☒ Manager	Name: <u>Marc Fox (CFO)</u>	☒ Manager	Name: <u>Robert Perelman</u>
☐ Member	Address: <u>345 Park Ave., 8th Floor</u>	☐ Member	Address: <u>345 Park Ave., 8th Floor</u>
☐ Authorized	<u>New York, NY 10154</u>	☐ Authorized	<u>New York, NY 10154</u>
Person	<u></u>	Person	<u></u>
☐ Other	<u></u>	☐ Other	<u></u>
☒ Manager	Name: <u>Kelly Porcella</u>	☐ Manager	Name: <u></u>
☐ Member	Address: <u>345 Park Ave., 8th Floor</u>	☐ Member	Address: <u></u>
☐ Authorized	<u>New York, NY 10154</u>	☐ Authorized	<u></u>
Person	<u></u>	Person	<u></u>
☐ Other	<u></u>	☐ Other	<u></u>

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.

/s/ Kelly Porcella

Signature of an authorized person

Kelly Porcella

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 "LWPH 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 FIFTEENTH DAY OF JANUARY, A.D. 2021.

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



4748245 8300

SR# 20210131624

You may verify this certificate online at corp.delaware.gov/authver.shtml

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202300528

Date: 01-15-21