

MA210000003193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

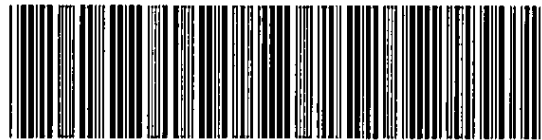
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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3/5/21

COVER LETTER

TO: Registration Section
Division of Corporations
Symbiotix, LLC

SUBJECT: _____
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:

Pamela J. Herzenberg

Name of Person

Pamela J. Herzenberg Attorney at Law

Firm/Company

10 Julia Court

Address

Tinton Falls, NJ 07712

City/State and Zip Code

jeffrey.tamarin@havas.com

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

For further information concerning this matter, please call:

Pamela J. Herzenberg

732

804-4512

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

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. Symbiotix, L.L.C.
(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.")
Delaware 47-5438574

2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

March 1, 2021

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

200 Madison Avenue

200 Hudson Street

5. (Street Address of Principal Office) 6. (Mailing Address)

New York, NY 10016

New York, NY 10013

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

Corporation Service Company

Name: _____

1201 Hays Street

Office Address: _____

Tallahassee

32301

_____, Florida _____
(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.

Deb Reeves

(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: Gaetan Durocher
 200 Hudson Street
☐ Member Address: New York, NY 10013
☐ Authorized
 Person
☐ Other ☐ Other

☒ Manager Name: Donna Murphy
 200 Madison Avenue
☐ Member Address: New York, NY 10016
☐ Authorized
 Person
☐ Other ☐ Other

☒ Manager Name: Timothy E. Rice
 220 Lexington Green Circle
☐ Member Address: Suite 110
☐ Authorized Lexington, KY 40503
 Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☒ Manager Name: Gary Liddell
 200 Madison Avenue
☐ Member Address: New York, NY 10016
☐ Authorized
 Person
☐ Other ☐ Other

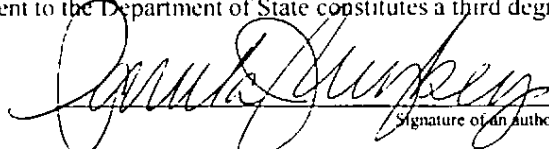
☒ Manager Name: Evan Rice
 220 Lexington Green Circle
☐ Member Address: Suite 110
☐ Authorized Lexington, KY 40503
 Person
☐ Other ☐ Other

☐ Manager Name: Pamela J. Herzenberg
 10 Julia Court
☐ Member Address: Tinton Falls, NJ 07712
☒ 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
 Pamela J. Herzenberg

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYMBIOTIX, 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 TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYMBIOTIX, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2015.

FILED
2021 MAR -3 PM 2:15




Jeffrey W. Bullock, Secretary of State

5851127 8300

SR# 20210651039

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

Authentication: 202601260

Date: 02-25-21