

M21000003311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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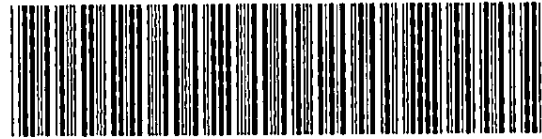
(Business Entity Name)

(Document Number)

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

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2021 MAR 23 PM 4:49

STATE OF TEXAS  
COUNTY OF DALLAS

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40  
3/24/21

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 726259 5044343

AUTHORIZATION

COST LIMIT : \$ 125.0

FILED  
2021 MAR 23 PM 4:49  
SECRET  
OFFICE STATE

ORDER DATE : March 22, 2021

ORDER TIME : 9:51 AM

ORDER NO. : 726259-005

CUSTOMER NO: 5044343

FOREIGN FILINGS

NAME: INFORMA PRINCETON LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INFORMA PRINCETON 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:

PATRICIA PETER

Name of Person

INFORMA

Firm/Company

605 3RD AVENUE, 22ND FLOOR

Address

NEW YORK, NEW YORK 10158

City/State and Zip Code

PATTY.PETER@INFORMA.COM

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

For further information concerning this matter, please call:

PATRICIA PETER

212

600 3731

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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2021 MAR 23 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. INFORMA PRINCETON 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 3. 90-0529208  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 1983 MARCUS AVENUE 6. 1983 MARCUS AVENUE  
(Street Address of Principal Office) (Mailing Address)

SUITE 250 SUITE 250

LAKE SUCCESS, NEW YORK 11042 LAKE SUCCESS, NEW YORK 11042

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.*

Corporation Service Company

By: Elizabeth R. Konieczny, Atty. at Law  
(Registered agent's signature)

Elizabeth R. Konieczny

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: BRIAN VASANDANI

☐ Member Address: 605 3RD AVENUE

☐ Authorized NEW YORK, NY 10158

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: PATRICK MARTELL

☐ Member Address: 605 3RD AVENUE

☐ Authorized NEW YORK, NY 10158

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: KERI PINZONE

☐ Member Address: 1983 MARCUS AVENUE

☐ Authorized LAKE SUCCESS, NY 11042

Person \_\_\_\_\_

☒ Other Tax Director ☐ Other \_\_\_\_\_

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

☒ Manager Name: SHEIKH SHAGHAF

☐ Member Address: 605 3RD AVENUE

☐ Authorized NEW YORK, NY 10158

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: PATRICIA PETER

☐ Member Address: 605 3RD AVENUE

☐ Authorized NEW YORK, NY 10158

Person ASSISTANT

☒ Other SECRETARY

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

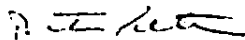
Person \_\_\_\_\_

☐ 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

PATRICIA PETER

Typed or printed name of signee

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

*I hereby certify, that PRINCETON LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/04/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.*

*A Certificate of Amendment PRINCETON LLC, changing its name to UBMI PRINCETON LLC, was filed 12/31/2009.*

*A Certificate of Amendment UBMI PRINCETON LLC, changing its name to INFORMA PRINCETON LLC, was filed 01/15/2020.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 11th day of January,  
two thousand and twenty-one.*

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State

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DEPARTMENT OF STATE