

M210000005675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

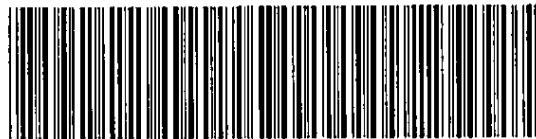
(Business Entity Name)

(Document Number)

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

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2021 MAY 11 PM 4:25

SECRETARY OF STATE  
FALLS CHURCH, VA

APPROVED  
AND  
FILED

2021 MAY 11 AM 10:55

SEC  
FALL

MAY 12 2021

Brumbley



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: May 11, 2021

Account#: I20000000088

Name: David Shulman

Reference #: 1357098

Entity Name: TRADITION SECURITIES AND DERIVATIVES LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

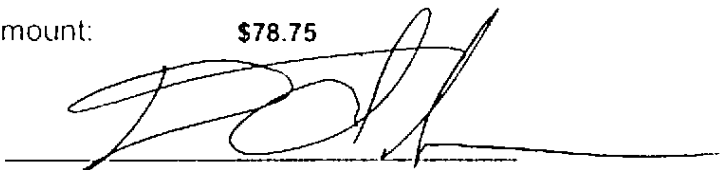
☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other File Second. Certified copy of the filing evidence please. Thanks!

ISSUES? CALL  
David:  
850-270-0082

Authorized Amount: \$78.75

Signature: 

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. Tradition Securities and Derivatives 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. Delaware 3. 13-351-7908  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/1/2021  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 32 Old Slip, 28th Floor 6. 32 Old Slip, 28th Floor  
(Street Address of Principal Office) (Mailing Address)  
New York, NY 10005 New York, NY 10005

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(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.

/S/ Jacqueline Almeida, Assistant Secretary

(Registered agent's signature)

2021 MAY 11 AM 10:55

FILED  
MAY 11 2021  
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: Francois Brisebois

☐ Member Address: 32 Old Slip, 28th Floor

☐ Authorized NY, NY 10005

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☒ Manager Name: Michael Leibowitz

☐ Member Address: 32 Old Slip, 28th Floor

☐ Authorized NY, NY 10005

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Larry Rosenshein

☐ Member Address: 32 Old Slip, 28th Floor

☐ Authorized NY, NY 10005

Person \_\_\_\_\_

☒ Other COO ☐ Other \_\_\_\_\_

☒ Manager Name: William Wostyn

☐ Member Address: 32 Old Slip, 28th Floor

☐ Authorized NY, NY 10005

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Judith Ricciardi

☐ Member Address: 32 Old Slip, 28th Floor

☐ Authorized NY, NY 10005

Person \_\_\_\_\_

☒ Other Secretary ☐ Other \_\_\_\_\_

☐ Manager Name: Raymond Baccala

☐ Member Address: 32 Old Slip, 28th Floor

☐ Authorized NY, NY 10005

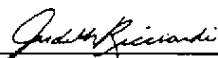
Person \_\_\_\_\_

☒ Other President ☐ 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

Judith Ricciardi

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRADITION SECURITIES AND DERIVATIVES 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-SEVENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRADITION SECURITIES AND DERIVATIVES LLC" WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 1989.

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



2191872 8300

SR# 20211477147

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Authentication: 203071103

Date: 04-27-21