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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113 fax Number : (215)977-9386

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

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# Foreign Limited Liability Company Eastern Standard, LLC

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Eastern Standard, LLC					
[Name of Foreign L	imited Liability Company; must include "Lim	ited Liability Company," "L. L.C.," or "LLC	")		
Eastern Standard FL, LLC					
If name unavailable, enter alternate na	me adopted for the purpose of transacting business in	n Florida. The alternate name unist include "Limited	d Liability Company," "L.L. C," or "LLC ")		
Pennsylvania	ylvania 47-1086845				
(Jurisdiction under the law of whi	ch foreign limited liability company is organized)	3. (Ff. number, if applicable)			
l.					
	(Date first transacted business in Florida, if prior (See sections 603,0904 & 603,0905, F.S., to dete	r to registration.) ernine penalty hability)			
1218 Chestnut Street, 4t	lh Floor				
Street Address of Principal Office)	<del></del>	6. (Mailing Address)	. 8		
Street ridge of trinsipal office p		•	21		
Philadelphia, PA 19107			: <u> </u>		
		<del></del>			
			PA		
7. Name and street address	of Florida registered agent: (P.O. B	ox NOT acceptable)	بي بي		
			一門。		
	Registered Agents Inc	•	. 10		
Name:	Registered Agenes inc	· · · · · · · · · · · · · · · · · · ·			
Office Address:	7901 4th Street N. Su	iite 300			
Office Address.	7701 4th beleet N, 55				
	St. Petersburg	Florida <u>33702</u>	2		
	(City)	(Zip cock	c)		
Registered agent's accept:	ance:				
Unaina keen named as rea	istered agent and to accept service of ion, I hereby accept the appointment	of process for the above stated limit	ed liability company at the place et in this capacity. I further agree		
iesignated in inis applicali o comply with the provisio	on, I nereny accept the appointment ons of all statutes relative to the prop	ner and complete performance of m	y duties, and I am familiar with		
and accept the obligations	of my position as registered agent.				
	± 71				
	Kill Name	-			

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#### To: 8506176383@RCFAX.COM Fax: (850) 617-6383

(((H210002623713)))

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:	Title or Capacity;		Name and A	ddress:	
□Manager	Name:	□Manager	Name: Mark Gisi  Address: 1218 Chestnut St., 4th Floor  Philadelphia, PA 19107			
<b>⅓</b> Member	Address: 1218 Chestnut St., 4th Floor	⊠Member				r
Authorized	Philadelphia, PA 19107	□Authorized				
Person		Person		<del></del>	<del></del>	
.Other	Other	Other	Other			
□Manager	Name:	□Manager	Dav Name:	rid Wolf		
⊠ Member	Address: 1218 Chestnut St., 4th Floor	⊠Member	Address: 1218 Chostnut St., 4th Floor			
□Authorized	Philadelphia, PA 19107	□Authorized	Philadelphia, PA 19107			
Person		Person				
Other	Other	Other	<del></del>	Other		
					JUL.	
∏Manager	Name:	□Manager	Name:			
□Member	Address:	□Member		<u> </u>	골	
□Authorized		Authorized			<u> </u>	- da
Person		Person			2	
Other	Other	□Other	<del></del>	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

Vincent Giordano

Typed or printed name of signer

From: M. BURR KEIM CO

(((H210002623713)))

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

07/07/2021

### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

Eastern Standard, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE COLUMN TWO IS NOT THE COLUMN TWO IS NOT

IN TESTIMONY WHEREOF, I have hereumo set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC210707121328-1

Verify this certificate online at http://www,corporations.pa.gov/orders/verify