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## COVER LETTER

SUBJECT:	LANDMARK FIDUCIARY MANAGEME	ENT LLC			
JOB/Lett.	Name	of Limited Liability Company			
The enclosed Existence, an	"Application by Foreign Limited Liability C d check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate creferenced foreign limited liability company to transact business in Florid			
Please return	all correspondence concerning this matter to	o the following:			
	STEPHEN HAMMOND				
		Name of Person			
	LANDMARK FIDUCIARY MANAGEMENT LLC				
	Firm/Company				
	1317 THIRD AVENUE PH	,			
		Address			
	NEW YORK, NY 10021				
	C	ity/State and Zip Code			
	SHAMMOND@LFMLLC.COM				
	E-mail address: (to be	used for future annual report notification)			
For further in	formation concerning this matter, please cal	H:			
STE	EPHEN HAMMOND	786 285-9710 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
<u>Mai</u>	ling Address:	Street Address:			
_	stration Section	Registration Section			
	ision of Corporations	Division of Corporations			
	). Box 6327	The Centre of Tallahassee			
		2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			
	osed is a check for the following amount:				
	se make check payable to: FLORIDA DEP 125.00 Filing Fee S130.00 Filing Fee				
ر ب	Certificate o	· · · · · · · · · · · · · · · · · · ·			

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Landmark Fiduciary M	anagement LLC Limited Liability Company; must include "Limited	11.1.	Z1	·
(Name of Foreign	Limited Liability Company; must include "Limited	i Liabinty	Company, L.L.C., or L.L.C.	
	name adopted for the purpose of transacting business in Flo	orida The a	lternate name must include "Limited Liability Co	ompany," "L.L.C," or "Ll.C.")
Delaware		7	EIN 47-5226508	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if applicable)		licable)
September 1, 2021				
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	registration ne penalty	) iability)	
1317 Third Avenue PF		6	2101 N.W. Corporate Blvd, Suite (Mailing Address)	213
New York, NY 10021			Boca Raton, FL 33431	
. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)	2021 SEP
Name:	Stephen Hammond			$\frac{\partial \mathcal{L}}{\partial \mathcal{L}} = \frac{1}{\omega}$
Office Address:	2101 N.W. Corporate Blvd, Suite 213			CF STA
	Boca Raton (City)		33431 , Florida	중품 <b>5</b>
Registered agent's accen			(vip cone)	

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.

Stephen R. Hammond
(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]:

<u>Title or Capacity:</u>	Name and Address:	Title or Capacity:	Name and Address:	
■Manager	Name: Aram Moezinia	□Manager	Name: Stephen Hammond	
□Member	Address: 1317 Third Avenue PH	□Member	Address: 4348 Kasso Circle	
□Authorized	New York, NY 10021	<b>■</b> Authorized	Boca Raton, FL 33487	
Person		Person		
□Other	Other	Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		$\Box$ Authorized		
Person		Person	2021	
□Other	Other	□Other	Other S	
□Manager	Name:	□Manager	Name: SA W IT	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□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. Lam 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.

Stapken R. Harnmond
Signature of an authorized person
Stephen Hammond
Typed or printed name of signer



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LANDMARK FIDUCIARY MANAGEMENT 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 FIRST DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LANDMARK FIDUCIARY MANAGEMENT LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2015.

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



Authentication: 204059685

Date: 09-01-21