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Division of Corporations

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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TALLAHASSEE, FL

2021 OCT -4 AM 11:16

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**Foreign Limited Liability Company  
Exchange Traded Managers Group, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2021 OCT -4 PM 4:41

TALLAHASSEE, FLORIDA

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# 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. Exchange Traded Managers Group, 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.")

2. New Jersey  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-3980352  
(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. 30 Maple Street, Suite 2  
(Street Address of Principal Office)

6. 30 Maple Street, Suite 2  
(Mailing Address)

Summit, NJ 07901

Summit, NJ 07901

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STATE OF FLORIDA  
TALLAHASSEE, FL

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.

By: Sandra Zwijack C T Corporation System  
(Registered agent's signature) by Sandra Zwijack, Assistant Secretary

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>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Samuel Masucci III</u>	<input type="checkbox"/> Manager	Name: <u>Matthew Bromberg</u>
<input checked="" type="checkbox"/> Member	Address: <u>C/O ETFMG</u>	<input type="checkbox"/> Member	Address: <u>C/O ETFMG</u>
<input type="checkbox"/> Authorized	<u>30 Maple St., Ste 2</u>	<input checked="" type="checkbox"/> Authorized	<u>30 Maple St., Ste 2</u>
Person	<u>Summit, NJ 07901</u>	Person	<u>Summit, NJ 07901</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Bernard Karol</u>	<input type="checkbox"/> Manager	Name: <u>John Flanagan</u>
<input checked="" type="checkbox"/> Member	Address: <u>C/O ETFMG</u>	<input type="checkbox"/> Member	Address: <u>C/O ETFMG</u>
<input type="checkbox"/> Authorized	<u>30 Maple St., Ste 2</u>	<input checked="" type="checkbox"/> Authorized	<u>30 Maple St., Ste 2</u>
Person	<u>Summit, NJ 07901</u>	Person	<u>Summit, NJ 07901</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Bryan Masucci</u>	<input type="checkbox"/> Manager	Name: <u>Wedbush Financial Services LLC</u>
<input checked="" type="checkbox"/> Member	Address: <u>C/O ETFMG</u>	<input checked="" type="checkbox"/> Member	Address: <u>C/O ETFMG</u>
<input type="checkbox"/> Authorized	<u>30 Maple St., Ste 2</u>	<input type="checkbox"/> Authorized	<u>30 Maple St., Ste 2</u>
Person	<u>Summit, NJ 07901</u>	Person	<u>Summit, NJ 07901</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Matt Bromberg  
Signature of an authorized person

Matthew Bromberg  
Typed or printed name of signer

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

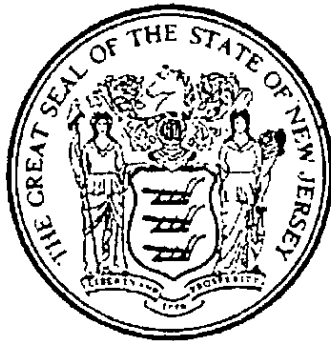
**EXCHANGE TRADED MANAGERS GROUP, L.L.C.**  
0600404604

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 28, 2013.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

SAMUEL R MASUCCI III  
30 MAPLE STREET, 2ND FLOOR  
SUMMIT, NJ 07601



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
4th day of October, 2021*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number: 6123763355

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/USP/certif\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/USP/certif_Cert.jsp)