

M21000 C13360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000371423870

2021 OCT 11 PM 3:57

2021 OCT 11 AM 11:56

RECEIVED

RECEIVED

ALLAHABAD, INDIA

SBK  
10/12/21

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

ACCOUNT NO. : I20000000195  
REFERENCE : 096862 7291109  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 160.00

ORDER DATE : October 11, 2021  
ORDER TIME : 10:51 AM  
ORDER NO. : 096862-005  
CUSTOMER NO: 7291109

FOREIGN FILINGS

NAME: BISON CAPITAL ASSET MANAGEMENT  
, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

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

2021 OCT 11 PM 3:57

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bison Capital Asset Management, 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:

Richard Herdegen

Name of Person

Bison Capital Asset Management, LLC

Firm/Company

233 Wilshire Blvd. Suite 425

Address

Santa Monica, CA 90401

City/State and Zip Code

admin@bisoncapital.com

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

For further information concerning this matter, please call:

Richard Herdegen

310

260-6572

Name of Contact Person

at ( )

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

2021 OCT 11 PM 3:57

FILED

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. Bison Capital Asset Management, 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. 46-0520214  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. September 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. 502 East Atlantic Ave. 6. Same  
(Street Address of Principal Office) (Mailing Address)

Suite 221-222

Delray Beach, FL 33483

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

2021 OCT 11 PM 3:57

FILED

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: Eylina Bahor  
Assistant Vice President  
(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]:

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

☐ Manager      Name: Peter Macdonald

☒ Member      Address: 502 East Atlantic Ave.

☐ Authorized      Suite 221-222

Delray Beach, FL 33483

Person

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

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

☐ Manager      Name: Lou Caballero

☒ Member      Address: 233 Wilshire Blvd.

☐ Authorized      Suite 425

Santa Monica, CA 90401

Person

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: Yee-Ping Chu

☒ Member      Address: 233 Wilshire Blvd.

☐ Authorized      Suite 425

Santa Monica, CA 90401

Person

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: Andreas Hildebrand

☒ Member      Address: 780 Third Ave.

☐ Authorized      30th Floor

New York, NY 10017

Person

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: Douglas Trussler

☒ Member      Address: 233 Wilshire Blvd.

☐ Authorized      Suite 425

Santa Monica, CA 90401

Person

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: Richard Herdegen

☐ Member      Address: 233 Wilshire Blvd.

☒ Authorized      Suite 425

Santa Monica, CA 90401

Person

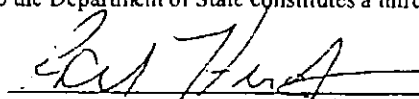
☒ Other CFO      ☐ Other \_\_\_\_\_

2021 OCT 11 PM 3:57

**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

Richard Herdegen

\_\_\_\_\_  
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 "BISON CAPITAL ASSET 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 ELEVENTH DAY OF OCTOBER, A.D. 2021.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BISON CAPITAL ASSET MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2003.

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

2021 OCT 11 PM 3:57

FILED



  
Jeffrey W. Bullock, Secretary of State

3617112 8300

SR# 20213475427

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

Authentication: 204373788

Date: 10-11-21