

M21000013478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

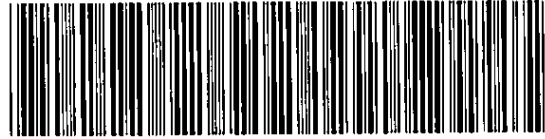
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

2021 OCT 13 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 14 2021
K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/13/2021

****WALK IN****

ENTITY NAME AURORA TANDEM PARTNERS LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125

ACCOUNT #: I20160000072

S R J

**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. AURORA TANDEM PARTNERS 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. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 55 Broadway, Suite 424 6. 55 Broadway, Suite 424
(Street Address of Principal Office) (Mailing Address)

New York, NY 10006 New York, NY 10006

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

Name: Platinum Agent Services LLC

Office Address: 155 Office Plaza Dr

Tallahassee 32301
(City) Florida (Zip code)

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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 type="checkbox"/> Manager	Name: <u>Joel Landau</u>	<input type="checkbox"/> Manager	Name: <u>Leo Friedman</u>
<input type="checkbox"/> Member	Address: <u>55 Broadway, Suite 424</u>	<input type="checkbox"/> Member	Address: <u>55 Broadway, Suite 424</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10006</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10006</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Managing Director</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>Managing Director</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Jonathan Kirschner</u>	<input type="checkbox"/> Manager	Name: <u>Elliot Schwab</u>
<input type="checkbox"/> Member	Address: <u>55 Broadway, Suite 424</u>	<input type="checkbox"/> Member	Address: <u>55 Broadway, Suite 424</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10006</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10006</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>General Counsel</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Brady Bush</u>	<input type="checkbox"/> Manager	Name: <u>Ruben Godinez</u>
<input type="checkbox"/> Member	Address: <u>55 Broadway, Suite 424</u>	<input type="checkbox"/> Member	Address: <u>55 Broadway, Suite 424</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10006</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10006</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Head of Acquisitions</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>General Counsel</u>	<input type="checkbox"/> Other <u></u>
		Associate	

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.

/s/ Ruben Godinez

Signature of an authorized person

Ruben Godinez

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AURORA TANDEM PARTNERS 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 TWELFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AURORA TANDEM PARTNERS LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2021.

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



6298002 8300

SR# 20213488323

You may verify this certificate online at 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: 204387372

Date: 10-12-21