

M21000015397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

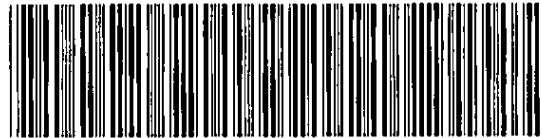
(Business Entity Name)

(Document Number)

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

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AND  
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2021 NOV 17 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

RECEIVED

2021 NOV 17 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

NOV 17 2021  
K. Brumbley

**Sunshine State Corporate Compliance Company**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 11/17/2021

**\*\*WALK IN\*\***

ENTITY NAME SNOWBRIDGE SECURITIES 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. F.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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. Snowbridge Securities 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (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. 11810 SE Florida State Road A1A, Suite C  
(Street Address of Principal Office)

6. 11810 SE Florida State Road A1A, Suite C  
(Mailing Address)

Hobe Sound, FL 33455

Hobe Sound, FL 33455

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

Name: Mark Schroeder

Office Address: 11810 SE Florida State Road A1A, Suite C

Hobe Sound, Florida 33455

(City) (Zip code)

APPROVED  
AND  
FILED  
2021 NOV 17 AM 9:08  
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.

DocuSigned by:  
Mark Schroeder  
E80A84CD1DCA49B (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>                   |          | <u>Name and Address:</u>             |  | <u>Title or Capacity:</u>                  |          | <u>Name and Address:</u>       |  |
|---|----------|--------------------------------------|--|--|----------|--------------------------------|--|
| <input checked="" type="checkbox"/> Manager | Name:    | Mark Schroeder                       |  | <input type="checkbox"/> Manager           | Name:    |                                |  |
| <input type="checkbox"/> Member             | Address: | 11810 SE Florida State Road          |  | <input type="checkbox"/> Member            | Address: |                                |  |
| <input type="checkbox"/> Authorized Person  |          | A1A, Suite C<br>Hobe Sound, FL 33455 |  | <input type="checkbox"/> Authorized Person |          |                                |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other       |  | <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  |
| <input type="checkbox"/> Manager            | Name:    |                                      |  | <input type="checkbox"/> Manager           | Name:    |                                |  |
| <input type="checkbox"/> Member             | Address: |                                      |  | <input type="checkbox"/> Member            | Address: |                                |  |
| <input type="checkbox"/> Authorized Person  |          |                                      |  | <input type="checkbox"/> Authorized Person |          |                                |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other       |  | <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  |
| <input type="checkbox"/> Manager            | Name:    |                                      |  | <input type="checkbox"/> Manager           | Name:    |                                |  |
| <input type="checkbox"/> Member             | Address: |                                      |  | <input type="checkbox"/> Member            | Address: |                                |  |
| <input type="checkbox"/> Authorized Person  |          |                                      |  | <input type="checkbox"/> Authorized Person |          |                                |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other       |  | <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  |
| <input type="checkbox"/> Manager            | Name:    |                                      |  | <input type="checkbox"/> Manager           | Name:    |                                |  |
| <input type="checkbox"/> Member             | Address: |                                      |  | <input type="checkbox"/> Member            | Address: |                                |  |
| <input type="checkbox"/> Authorized Person  |          |                                      |  | <input type="checkbox"/> Authorized Person |          |                                |  |
| <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.

DocuSigned by:

Mark Schroeder

E80AB4CD1DCA49B

Signature of an authorized person

Mark Schroeder

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 "SNOWBRIDGE SECURITIES 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SNOWBRIDGE SECURITIES LLC" WAS FORMED ON THE TWELFTH DAY OF AUGUST, A.D. 2021.

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6163253 8300

SR# 20213805154

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

Authentication: 204697306

Date: 11-16-21