

M21000016046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

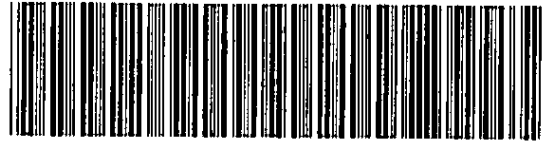
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000376925060

11/22/21--01028--032 **125.00

FILED
2021 NOV 22 AM 11:54
CLERK OF COURT
TALLAHASSEE, FL

S. ROBERTS

NOV 22 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INFORMA MARKETS MEDICA 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:

PATRICIA PETER

Name of Person

INFORMA

Firm/Company

605 3RD AVENUE, 22ND FL

Address

NEW YORK, NY 10158

City/State and Zip Code

PATTY.PETER@INFORMA.COM

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

For further information concerning this matter, please call:

PATRICIA PETER

212

600-3731

at (_____) _____

Name of Contact Person

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

**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. INFORMA MARKETS MEDICA 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. 80-0113055

(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. 1983 MARCUS AVENUE

(Street Address of Principal Office)

6. 1983 MARCUS AVENUE

(Mailing Address)

STE. 250

STE. 250

LAKE SUCCESS, NY 11042

LAKE SUCCESS, NY 11042

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)

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: _____
(Registered agent's signature)

FILED
2021 NOV 22 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FL

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: Brian Vasandani

☐ Member Address: 605 3rd Avenue, 22nd FL

☐ Authorized New York, NY 10158

Person _____

☒ Other Vice President ☒ Other Secretary

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

☒ Manager Name: Sheikh Shaghaf

☐ Member Address: 605 3rd Avenue, 22nd FL

☐ Authorized New York, NY 10158

Person _____

☒ Other Vice President ☒ Other Assistant Sec.

☒ Manager Name: Patrick Martell

☐ Member Address: 5 Howick Place

☐ Authorized London SW1P 1WG, UK

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Keri Pinzone

☐ Member Address: 1983 Marcus Avenue

☐ Authorized Suite 250

Person Lake Success, New York 11042

☒ Other Tax Director ☐ Other _____

☐ Manager Name: Patricia Peter

☐ Member Address: 605 3rd Avenue, 22nd FL

☐ Authorized New York, NY 10158

Person _____

Assistant
☒ Other Secretary ☐ Other _____

☐ Manager Name: Marc Levine

☐ Member Address: 1990 Main Street, Ste. 750

☐ Authorized Sarasota, FL 34236

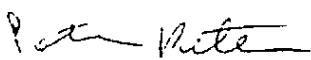
Person _____

☒ Other VP of Tax ☐ 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.



Signature of an authorized person

Patricia Peter, Assistant Secretary

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INFORMA MARKETS MEDICA 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.



3816790 8300

SR# 20213801750

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 204701480

Date: 11-16-21