12/2/21, 9:03 AM

Division of Corporations

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Division of Corporations

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Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

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### Foreign Limited Liability Company SOTERIA PARTNERS LLC

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Certificate of Status	0
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S. ROBERTS

DEC 0 3 2021

SUBJECT:

Rep	istration Section ision of Corporations	•	COVER LETTER	÷	
Div	ision of Corporations				٠, .
ECT:	SOTERIA PARTNERS LLC				
		3	Name of Limited Liability Company		<del></del>

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:

1 Page: 3 of 6

Cheyenne	Moseley		
		Name of Person	
Legalzoon	i.com, Inc.		
		Firm/Company	
101 N Brai	nd Blvd 11th Fl		
		Address	41.500
Glendale, (	CA 91203		
	Cit	y/State and Zip Code	
howie.dilem	na@gmail.com		
	E-mail address: (to be o	used for future annual	report notification)
ther information conce	erning this matter, please call:		
ther information conce Cheyenne Moseley		800	773-0888
Cheyenne Moseley			773-0888 Daytime Telephone Number
Cheyenne Moseley Na MAILING ADDRI	ime of Contact Person	at (	Daytime Telephone Number  STREET ADDRESS:
Cheyenne Moseley Na MAILING ADDRI Division of Corpora	me of Contact Person  ESS:  ttions	at (	Daytime Telephone Number  STREET ADDRESS: Division of Corporations
Cheyenne Moseley Na MAILING ADDRI	me of Contact Person  ESS:  ttions	at (	Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section Clifton Building
Cheyenne Moseley Na MAILING ADDRI Division of Corpora Registration Section	me of Contact Person  ESS:  ttions	at (	Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section
Cheyenne Moseley  Na  MAILING ADDRI Division of Corpora Registration Section P.O. Box 6327 Tallahassee, Fl. 323  Enclosed is a check	ESS: ations for the following amount:	at (Area Code	Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Cheyenne Moseley  Na  MAILING ADDRI Division of Corpora Registration Section P.O. Box 6327 Tallahassee, Fl. 323  Enclosed is a check	ime of Contact Person  ESS:  Itions  It for the following amount: payable to: FLORIDA DEPA	at (at (Area Code	Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

		05 107 100 1	
New Jersey		85-4064984 3. (PU) mumber, if up	
(Jurisdiction under the faw of wh	ach foreign limited hability company is organized)	(I UI minber, if up	splicables
	(Date first transacted business in Florida, if prior to	registration )	-
	(See sections 605 0904 & 605 0905; F.S. to determ	oc penalty liability)	
(Street Address of F	rincipal Office)	6. (Mailing Address)	
4 Century Dr.		4 Century Dr.	2821 SEU TA
Parsippany, New Jerse	y 07054	Parsippany, New Jersey 07054	DEC -
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	ASSEE
			AHII: 53
Name:	UNITED STATES CORPORATION	AGENTS, INC.	$_{\mathrm{rij}}$ $\omega$
Office Address:	5575 S. Semoran Blvd., Suite 36		
	Orlando	32822 , Florida	
	(Uny)	(Zip code)	_

(Registered agent's signature)

Title or Capacity:	Name and Address:	Title or Capacity	v: Name and Address:
Manager	Name: Howard Dilema	☐ Manager	Name:
Member	Address: 8 Spruce Street, Apt 67A	Member	Address:
Authorized	New York, New York 10038	Authorized	
Person		- Person	
Other	Other	Other	Other
Manager	Name:	☐ Manager	Name:
Member	Address:	Member	Address:
∐Authorized		☐ Authorized	
Person		Person	
Other	Other	Other	Other
☐Manager	Name:	☐ Manager	Name:
Member	Address:	Member .	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
indexed individuals  9. Attached is a cer jurisdiction under t of the translator mu  10. This document	Ise an attachment to report more than six (6), may be added to the index when filing your tificate of existence, no more than 90 days of the law of which it is organized. (If the certificate state submitted) is executed in accordance with section 605.03 ment to the Department of State constitutes a	Florida Department of Su d, duly authenticated by the cate is in a foreign languar 203 (1) (b), Florida Statute	ate Annual Report form.  the official having custody of records in the certificate under

Typed or printed name of signee

To: +18506176383 - Page; 6 of 6 2021-12-03 09:16-31 PST LegalZoom.com, Inc. From: Laura Rodriguez

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

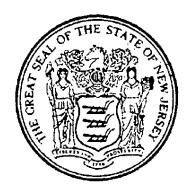
#### SOTERIA PARTNERS LLC 0450569934

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 November 23, 2020.

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:

UNITED STATES CORPORATION AGENT'S, INC. 330 CHANGEBRIDGE RD STE 101 PINE BROOK, NJ 07058



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 2nd day of December, 2021

de sa Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6125889579

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp