Florida Department of State

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company ARES Project Management LLC

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Certificate of Status	0		
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Estimated Charge	\$125.00		

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Help

S. HAWKES

DEC \_ = 2021

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

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY/FOTRANSACTBUSINESS IN THE STATE OF FLORIDA: ARES Project Management LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," L.L.C., or "LLC.") ARES PRISM LLC ell name un variable, enter attenute name adopted for the purpose of transacting business in Florida. The attenuate name must exclude "Unimed Elebroty Company," "E.J. C," or "E.J.C.") Ourse, et.on under the law of which foreign hinned Lability company is arganized. (FEI aumber, if applicable) (Date liest transacted business in Florida, if prior to registration) (See sections 505 0004 & 605 0005, F.S. to determine penalty hability) 1290 Howard Ave. Suite 319 1290 Howard Ave. Suite 319 Street Address of Principal Utilices Burlingame, CA 94010 Burlingame, CA 94010 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation

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.

C T Corporation System Canada Bell Denise Bell Asst. Secretary

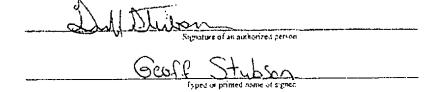
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8.	For initial indexing purposes,	list names,	title or capacity	and addresses	of the primary	members/managers or	persons authorized to
mar	age fun to six (6) totall:						

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:		
■Manager	Name: Ryan Kubacki, CEO	■Manager	Name: Geoff Stubson, CFO		
□Nlember	Address: 1290 Howard Ave, Suite 319	□Nember	Address: 1290 Howard Ave, Suite 319		
≣Authorized	Burlingame, CA 94010	<b>■</b> Authorized	Burlingame, CA 94010		
Person		Person			
□Other	UOther	□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		

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 onth 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 \$.817.155, F.S.



To: -18506176383 1 Page: 5 of 5 2021-12-20 16:20:26 CST 12122023573 From: Lexus W



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: ARES PROJECT MANAGEMENT LLC

 File Number:
 201222710102

 Registration Date:
 08/13/2012

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of November 10, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification. Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 11, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: R46W8EY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.