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2021 DEC 22 PM 2:07
S. ROBERTS
TALLAHASSEE, FL

S. ROBERTS

DEC 22 2021

Hello,

My name is William Wise, I'm a partner with The Ambrus Group LLC. I'm submitting the attached application and payment to establish foreign LLC recognition in Florida. I have verified our name is available for use in Florida. If there are any issues with this application, please let me know by email William.Wise@theambrusgroup.com or phone 516-398-4154. Thank you.

William Wise

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Ambrus Group 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:

William Wise
Name of Person

The Ambrus Group LLC
Firm/Company

211 South Boulevard
Address

Tampa, FL 33606
City/State and Zip Code

William.Wise@theambrusgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Wise at (516) 398-7154
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. The Ambrus Group 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. New York
(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. 25 Melville Park Rd.
(Street Address of Principal Office)

6. Attn: William Wise
(Mailing Address)

office 204
Melville, NY 11747

211 S Boulevard
Tampa, FL 33606

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

Name: William Wise

Office Address: 211 S. Boulevard
Tampa, Florida 33606
(City) (Zip code)

FILED
2021 DEC 22 PM 2:07
STATE
TALLAHASSEE, FL

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.

W Wise
(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:	William Wise		<input checked="" type="checkbox"/> Manager	Name:	Kris S. Dial	
<input type="checkbox"/> Member	Address:	41324 S. Hialeah Ave		<input type="checkbox"/> Member	Address:	161 Van St.	
<input type="checkbox"/> Authorized		Tampa, FL 33611		<input type="checkbox"/> Authorized		Brentwood, NY 11717	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Michael Perry		<input checked="" type="checkbox"/> Manager	Name:	Sal Abbasi	
<input checked="" type="checkbox"/> Member	Address:	23 Willis Holden Dr.		<input type="checkbox"/> Member	Address:	3900 York RD	
<input type="checkbox"/> Authorized		Alton, MA 01720		<input type="checkbox"/> Authorized		Oakbrook, IL 60523	
Person				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				<input type="checkbox"/> Authorized			
Person				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.



Signature of an authorized person

William Wise

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, BRENDAN C. HUGHES, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: THE AMBRUS GROUP LLC
DOS ID Number: 5832782
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 09/10/2020

Statement Status: CURRENT
Statement Due Date: 09/30/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on December 13, 2021 at 02:23 P.M.

BRENDAN C. HUGHES, Acting Secretary of State

Brandon C. Hughes