

112200000471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

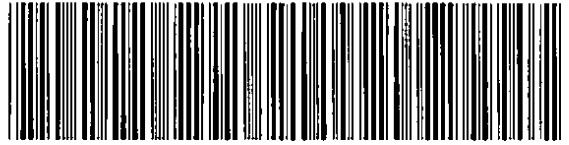
(Business Entity Name)

(Document Number)

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

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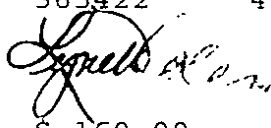
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FILED  
2022 JAN -7 PM 1:48  
STATE  
OFFICE  
2022 JAN -7 AM 11:36  
RECEIVED

S. HAWKES

JAN - 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 365422 4319903  
AUTHORIZATION :   
COST LIMIT : \$ 160.00

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ORDER DATE : January 6, 2022  
ORDER TIME : 5:55 PM  
ORDER NO. : 365422-005  
CUSTOMER NO: 4319903

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FOREIGN FILINGS

NAME: ROTHMAN NATIONAL MANAGEMENT  
SERVICES ORGANIZATION, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker -- EXT#

EXAMINER: \_\_\_\_\_

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. ROTHMAN NATIONAL MANAGEMENT SERVICES ORGANIZATION, 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. PENNSYLVANIA  
(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. 925 CHESTNUT STREET  
(Street Address of Principal Office)

6. 925 CHESTNUT STREET  
(Mailing Address)

5TH FLOOR

5TH FLOOR

PHILADELPHIA, PA 19107

PHILADELPHIA, PA 19107

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: Eykeima Baker  
Assistant Vice President  
(Registered agent's signature)

FILED  
2022 JAN -7 PM 1:49  
CLERK OF STATE  
TALLAHASSEE, FL

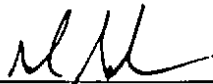
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                                 | <u>Name and Address:</u>             | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>             |
|---|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Manager                          | Name: <u>Alexander Vaccaro</u>       | <input type="checkbox"/> Manager               | Name: <u>Mike Sileski</u>            |
| <input type="checkbox"/> Member                           | Address: <u>925 Chestnut Street</u>  | <input type="checkbox"/> Member                | Address: <u>925 Chestnut Street</u>  |
| <input type="checkbox"/> Authorized                       | <u>5th Floor</u>                     | <input checked="" type="checkbox"/> Authorized | <u>5th Floor</u>                     |
| Person  | <u>Philadelphia, PA 19107</u>        | Person   | <u>Philadelphia, PA 19107</u>        |
| <input checked="" type="checkbox"/> Other <u>Director</u> | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager                      | Name: _____                          | <br><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 _____ |
| <br><input type="checkbox"/> Manager                      | Name: _____                          | <br><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

Mike Sileski, Authorized Person

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

01/06/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Rothman National Management Services Organization, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in dark ink, appearing to read "Veronica W. Degroot".

Acting Secretary of the Commonwealth

Certification Number: TSC220106161998-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>