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	Fax Number	: (850)617-6383		32-7
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Help

S. ROBERTS JAN - 7 2022

From: Lexus Wingo

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Wynnefield Brothers International, LLC (Name of Foreign Limited Liability Company; miss include "Limited Liability Company," "L.L.C.," or "LL.C.") (If name unavailable, enter alternate name adopted to the purpose of fransacting business in Florida. The alternate name must include "Landidy Company," "), L.C," or "LLC," or "LLC," Delaware (III) number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida if profit to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 6 210 West Rittenhouse Sq., Apr. 202 5. 210 West Rittenhouse Sq., Apt. 202 (Mailing Address) (Street Address of Principal Office) Philadelphia, PA 19103 Philadelphia, PA 19103 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 , Florida (Cay) 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

(Registered agent's signature)

C T Corporation System

and accept the obligations of my position as registered agent.

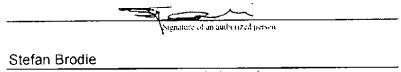
By: Kaity Toon, Asst Sec

From: Lexus Wingo

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊠Manager	Name: Stefan Brodle	<u>×</u> Manager	Name: Don Brodie
□Member	Address: 2043 Fisher Island Drive	ZMember	Address: 400 SE 5th Ave, Apt. N1003
□Authorized	Miami, FL 33109	Authorized	Boca Raton, FL 33432
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:
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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 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 \$ 817.155, F.S.



## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WYNNEFIELD BROTHERS INTERNATIONAL,

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 SIXTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

at corp.delaware.gov/authy

Authentication: 202333794

Date: 01-06-22