

M22000001548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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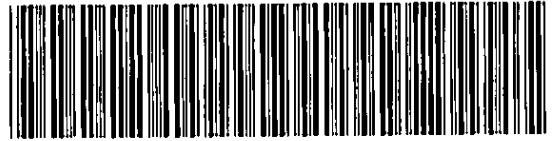
(Business Entity Name)

(Document Number)

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## CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 01/31/2022

Acc#120160000072

*mic SW*

|             |                    |
|-------------|--------------------|
| Name:       | Lawn & Garden, LLC |
| Document #: |                    |
| Order #:    | 14123391           |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
|                                   |                          | Number of Certs:        |  |

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| Availability _____  |
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| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ 125.00

Thank you!

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. Lawn & Garden, 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. One Grand Central Place  
(Street Address of Principal Office)

6. (Mailing Address)

60 East 42nd Street, Suite 2220

New York, NY 10165

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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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  
By: /s/Amy Berteletti, Vice President  
(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: <u>Mayank Singh</u>               | <input checked="" type="checkbox"/> Manager | Name: <u>Ian Delehanty</u>              |
| <input type="checkbox"/> Member             | Address: <u>One Grand Central Place</u> | <input type="checkbox"/> Member             | Address: <u>One Grand Central Place</u> |
| <input type="checkbox"/> Authorized         | <u>60 East 42nd Street, Suite 2220</u>  | <input type="checkbox"/> Authorized         | <u>60 East 42nd Street, Suite 2220</u>  |
| Person                                      | <u>New York, NY 10165</u>               | Person                                      | <u>New York, NY 10165</u>               |
| <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 _____    |
| <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.

DocuSigned by:

Mayank Singh

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Signature of an authorized person

Mayank Singh

# Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "LAWN & GARDEN, 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 TWENTY-EIGHTH DAY OF JANUARY, A.D. 2022.

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



  
Jeffrey W. Bullock, Secretary of State