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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856 : (800)354-3381 Fax Number

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

Email Address:_

Foreign Limited Liability Company HIGHBRIDGE THE LABEL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

S. FRANKLIN

APR 0 5 2022

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2022 APR -4

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

•	ame adopted for the purpose of transacting business in Flo	onda. The		ку фошраду," "Т.	Tre', at the	JŲ.`
NEW YORK		3	81-1272541			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)			
k						
	(Date first transacted business to Florids, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	ne penalty	n.) (limbility)			
3000 MARCUS AVENUE		3000 MARCUS AVENUE				
irect Address of Principal Office)		6.	(Mailing Address)			
SUITE 1W5			SUITE 1W5			
LAKE SUCCESS, NY 11042			LAKE SUCCESS, NY 11042			
					20 22 EPR -	
. Name and street address	s of Florida registered agent: (P.O. Box	NOT	acceptable)		R -4	
N T	INCORPORATING SERVICES, LTD	١.			뭐	
Name:	1540 GLENWAY DRIVE			÷	PH 12: 5	
Office Address:		-		•		
	TALLAHASSEE		32301 , Florida			
	(City)		(Žig 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.

AMelissa a. Mureau - asistent Secretary
(Registered agent's signature)

(1000001313013)

Apr. 4. 2022 12:58 PM GEALD WEINBERG 1217063) No. 1346 P. 3

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:		
≣Manager	Name: QUINCY ACHEAMPONG	≣Mánager	Name: SAMBOU CAMARA		
□Member	Address: 3000 MARCUS AVENUE	□Member	Address: 3000 MARCUS AVENUE		
□Authorized	SUITE 1W5	□Authorized	SUITE 1W5		
Person	LAKE SUCCESS, NY 11042	Person	LAKE SUCCESS, NY 11042		
Other	□ Other	☐ Other	Other		
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person	2022		
Other	□Other	□ Other			
			, F		
□Manager	Name:	□Manager	Name: P		
□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. 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 Jonstitutes a third-degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

QUINCY ACHEAMPONG

Typed or printed name of signes

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, 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:

HIGHBRIDGE THE LABEL, LLC

DOS ID Number:

4885490

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

01/26/2016

Statement Status:

CURRENT

Statement Due Date:

01/31/2024

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 April 04, 2022 at 11:22 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Higher

By Brendan C. Hughes

Executive Deputy Secretary of State

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