

M2200000 8143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

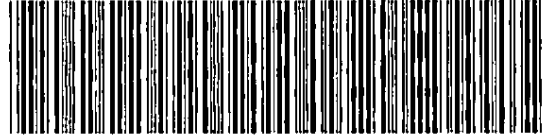
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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2022 MAY 23 AM 10:31

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TALLAHASSEE, FLORIDA

S. ROBERTS

MAY 23 2022

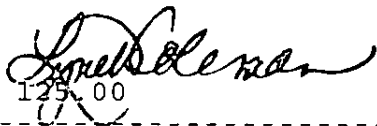
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 698797 7950209

AUTHORIZATION :

COST LIMIT : \$ 125.00



ORDER DATE : May 20, 2022

ORDER TIME : 1:58 PM

ORDER NO. : 698797-005

CUSTOMER NO: 7950209

FOREIGN FILINGS

NAME: TITANIUM ASSET MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

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

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Titanium Asset Management, 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:

Leah Sanders

\_\_\_\_\_  
Name of Person

Newtek Business Services Corp.

\_\_\_\_\_  
Firm/Company

1981 Marcus Ave., Ste. 130

\_\_\_\_\_  
Address

Lake Success, NY 11042

\_\_\_\_\_  
City/State and Zip Code

lsanders@newtekone.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leah Sanders

212

356-9539

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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. Titanium Asset Management, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. New York 3. 47-3422252  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. March 15, 2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1981 Marcus Avenue 6. same  
(Street Address of Principal Office) (Mailing Address)

Suite 130

Lake Success, NY 11042

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)

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2022 MAY 23 AM 10:31  
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.*

Corporation Service Company

By: Alexis Weir assistant 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]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Barry Sloane

☐ Member Address: 1981 Marcus Avenue

☒ Authorized Suite 130

Person Lake Success, NY 11042

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Jim O'Halloran

☐ Member Address: 1981 Marcus Avenue

☐ Authorized Suite 130

Person Lake Success, NY 11042

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Wilshire New York Advisers II,

☒ Member Address: 1981 Marcus Avenue

☐ Authorized Suite 130

Person Lake Success, NY 11042

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Michael Schwartz

☐ Member Address: 1981 Marcus Avenue

☐ Authorized Suite 130

Person Lake Success, NY 11042

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Exponential Business Develop

☒ Member Address: 1981 Marcus Avenue

☐ Authorized Suite 130

Person Lake Success, NY 11042

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: The Whitestone Group, LLC

☒ Member Address: 1981 Marcus Avenue

☐ Authorized Suite 130

Person Lake Success, NY 11042

☐ 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 constitutes a third degree felony as provided for in s.817.155, F.S.

DocuSigned by:

Barry Sloane

3906221236044CA...

Signature of an authorized person

Barry Sloane

Typed or printed name of signee

STATE OF NEW YORK

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: TITANIUM ASSET MANAGEMENT LLC  
DOS ID Number: 4721959  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 03/09/2015  
  
Statement Status: PAST DUE DATE  
Statement Due Date: 03/31/2017

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 May 23, 2022 at 01:44 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>