M22000008715

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



800387604868

05/16/22--01049--001 **155.00

2022 HAY 16 KINI: 30

S. ROBERTS MAY 1 6 2022

COVER LETTER

N SUBJECT:	MONETA SYSTEMS LLC						
_	Name of Limited Liability Company						
The enclosed ". Existence, and	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida					
lease return al	l correspondence concerning this matter t	to the following:					
	WILLIAM DEAIBES						
		Name of Person					
		Firm/Company					
	156 W 56th Street - 3rd Floor,						
Address							
	NEW YORK, NY 10019						
	C	ity/State and Zip Code					
	VISTRATAXREG.US@VISTRA.COM	1					
	E-mail address: (to be	used for future annual report notification)					
For further info	rmation concerning this matter, please ca	11:					
WILLIAM DEAIBES		248 635-7818 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee					
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	ed is a check for the following amount: make check payable to: FLORIDA DEP	PARTMENT OF STATE					
	5.00 Filing Fee S130.00 Filing Fee						

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limite	d Liability Company," "L.L.C." or "l		
DELAWARE		87-4310146			
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) penalty liability)			
156 W 56th Street - 3r		156 W 56th Street - 3rd Floor,			
treet Address of Principal Office)		6. (Mailing Address)			
NEW YORK, NY 10019		NEW YORK, NY 10019			
Name and street addre	ss of Florida registered agent: (P.O. Box.)	NOT acceptable)			
Name and street addre Name:	ss of Florida registered agent: (P.O. Box.) Incorporating Services, Ltd.	N <u>OT</u> acceptable)	2022		
		<u>NOT</u> acceptable)	2022 HAY 10		
Name:	Incorporating Services, Ltd.	32301	2022 HAY 16 AH		
Name:	Incorporating Services, Ltd. 1540 Glenway Drive	·	2022 MAY 16 AH H : 3		
Name: Office Address: gistered agent's acceptiving been named as resignated in this applications of the provision of the prov	Incorporating Services, Ltd. 1540 Glenway Drive Tallahassee (City)	Thorida 32301 (Zip code cocess for the above stated limite registered agent and agree to ac	ed liability company at the		
Name: Office Address: egistered agent's acceptiving been named as resignated in this applications	Incorporating Services, Ltd. 1540 Glenway Drive Tallahassee (City) stance: rgistered agent and to accept service of pration, I hereby accept the appointment as it ions of all statutes relative to the proper accept and to the proper accept accept the appointment as it ions of all statutes relative to the proper accept the accept the accept accept accept the accept the accept the accept accept the ac	Thorida 32301 (Zip code cocess for the above stated limite registered agent and agree to ac	ed liability company at the		

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	<u>:</u>	Name and Address:
■Manager	Name:	□Manager	Name:	
□Member	Address: 156 W 56th Street - 3rd Floor.	□Member	Address:	
□Authorized	NEW YORK, NY 10019	□Authorized		
Person		Person		
□Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□.Member	Address:	□Member	Address:	
□Authorized	<u>_</u>	□Authorized		
Person		Person		<u></u>
□Other	Other	Other		□Other
⊐Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□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 constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MONETA SYSTEMS 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-SIXTH DAY OF APRIL, A.D. 2022.



Jeffrey W. Budisch, Secretary of State

Authentication: 203278805