

6/9/22, 2:04 PM

Division of Corporations

Florida Department of State

M2200010017

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(((H22000201648 3)))



H220002016483ABCZ

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To:

Division of Corporations
Fax Number : (850)617-6383

106071
LR

From:

Account Name : FOWLER WHITE BURNETT P.A.
Account Number : 071250001512
Phone : (305)789-9200
Fax Number : (786)437-4609

2nd request

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

Email Address: Lra@fowler-white.com

Foreign Limited Liability Company
NP IP, LLC

6-27-22

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$160.00 |

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June 27, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FOWLER WHITE BURNETT P.A.

SUBJECT: NP IP, LLC
REF: W22000086186

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

3rd REQUEST

You failed to make the correction(s) requested in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

FAX Aud. #: H22000201648
Letter Number: 922A00014391

The attached Application
complies with the new
form. Kindly have same
filed at your earliest
convenience.

Thank you
Olga

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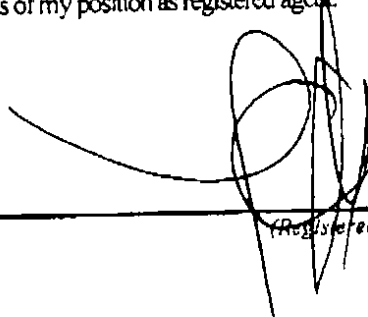
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDAIN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:1. NP IP, LLC
(Name of 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. 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. Applied for
(FEI number, if applicable)4. Upon issuance of certificate of authority to transact business in Florida
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905 F.S. to determine penalty liability)5. 1000 N. West Street, Suite 1200, Wilmington, DE 19801
(Street address of principal office)6. 1000 N. West Street, Suite 1200, Wilmington, DE 19801
(Street address of principal office)7. The name and address of Florida registered agent: (P.O. Box NOT acceptable)Juan C. Zorrilla, Esq., Fowler White Burnett P.A.1395 Brickell Avenue, 14th Floor, Miami, FL 33131

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.



 (Registered agent's signature)

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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 | Michel Scaglione | <input type="checkbox"/> Manager | Juan C. Zorrilla |
| <input type="checkbox"/> Member | 1395 Brickell Ave | <input type="checkbox"/> Member | Fowler White Burnett |
| <input type="checkbox"/> Authorized Person | 14 th Floor | <input checked="" type="checkbox"/> Authorized Person | P.A., |
| <input type="checkbox"/> Other _____ | Miami, FL 33131 | <input type="checkbox"/> Other _____ | 1395 Brickell Avenue |
| | | | 14 th Floor |
| | | | Miami, FL 33131 |

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|--------------------------|--|--------------------------|
| <input type="checkbox"/> Manager | | <input type="checkbox"/> Manager | |
| <input type="checkbox"/> Member | | <input type="checkbox"/> Member | |
| <input type="checkbox"/> Authorized Person | | <input type="checkbox"/> Authorized Person | |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ | |

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|--------------------------|--|--------------------------|
| <input type="checkbox"/> Manager | | <input type="checkbox"/> Manager | |
| <input type="checkbox"/> Member | | <input type="checkbox"/> Member | |
| <input type="checkbox"/> Authorized Person | | <input type="checkbox"/> Authorized Person | |
| <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.

Signature of an authorized person

Juan C. Zorrilla

Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NP IP, 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 JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NP IP, LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2020.

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



7881374 B300

SR# 20222626326

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203600740

Date: 06-06-22

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