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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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Account Name : C T CORPORATION SYSTEM
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company
VERUS MANAGEMENT TWO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

NOV 03 2022

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Corporate Filing Menu

Help

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. Verus Management Two, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

2. Delaware 87-4082557
(Jurisdiction under the law of which foreign limited liability company is organized) (FPI number, if applicable)

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

5. 400 Continental Blvd, Ste. 500
(Street Address of Principal Office)
El Segundo, CA 90245

6. 400 Continental Blvd, Ste. 500
(Mailing Address)
El Segundo, CA 90245

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip 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.

By:  NRAI Services, Inc.
(Registered agent's signature) Alfred Younan
Assistant Secretary

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: Josef Bobek

☐ Member Address: 400 Continental Blvd, Ste. 500

☐ Authorized El Segundo, CA 90245

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Daniel Parsons

☐ Member Address: 400 Continental Blvd, Ste. 500

☐ Authorized El Segundo, CA 90245

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Todd Ruggiero

☐ Member Address: 400 Continental Blvd, Ste. 500

☐ Authorized El Segundo, CA 90245

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: George Doyle

☐ Member Address: 400 Continental Blvd, Ste. 500

☐ Authorized El Segundo, CA 90245

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Arthur P. Brazy, Jr -

☐ Member Address: 400 Continental Blvd, Ste. 500

☐ Authorized El Segundo, CA 90245

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: LMRK Infrastructure Operating Company LLC

☒ Member Address: 400 Continental Blvd, Ste. 500

☐ Authorized El Segundo, CA 90245

Person _____

☐ 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.

/s/Josef Bobek

Signature of an authorized person

Josef Bobek

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERUS MANAGEMENT TWO, 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 THIRD DAY OF NOVEMBER, A.D. 2022.

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



6469469 8300

SR# 20223931527

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204771434

Date: 11-03-22