Division of Corporations 11/17/22, 12:36

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## Foreign Limited Liability Company EMERALD PDB LLC

Certificate of Status	Ü
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121.0222

From: Alexander Englard

(((H22000392833 3)))

## 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:

1. EMERALD PDB LLC

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

DELAWARE		3	(FEI mumber,		
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)	•	(FEI number	, if applicable)	
	(Date first transacted business in Florida, if prior to re (See sections 635,0904 & 605,0905, F.S. to determin	ogistration)		_ <del>_</del>	
60 HOFFMAN AVE	(See sections 635,0904 & 605,0905, F.S. to determin	60 HO	FFMAN AVE		
eet Address of Principal Office)	<del></del>	6(X	ailing Address)	·	
HAUPPAUGE, NY 11788		HAUP	PAUGE , NY 11788		
<del></del>				—€	<u>1922</u>
				<u> </u>	1022 HOV
Name and street address	s of Florida registered agent: (P.O. Box	NOT accepta	ble)	7	_
Name:	Oren Lieber, Esq.			0.1.7	PM 2:
Office Address:	2800 Biscayne Blvd., Suite 500			XID/	رر. 20
	MIAMI		33137 . Florida		
	(Citr)		(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.

(Registered agent's signiture)

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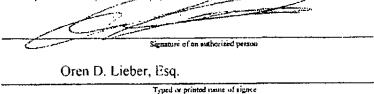
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacit	v: Name and Address:
· Manager	Name: MARK-GOLDMAN	<b>≣</b> Manager _	Name: STEVEN GOLDMAN
□Member	Address: 60 HOFFMAN AVE	☐ Member	Address: 60 HOFFMAN AVE
□Authorized	HAUPPAUGE, NY 11788	□ Authorized	HAUPPAUGE, NY 11788
Person		Person	
Other		□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	☐Member.	Address:
□Authorized		□ Authorized	
Person		Person	
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		ClAuthorized	
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 constitutes a third degree felony as provided for in s.817.155, F.S.



To

(((1122000392833 3)))

## <u>Delaware</u>

rage

The First State

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

DELAWARE, DO HEREBY CERTIFY "EMERALD PDB 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMERALD PDB LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2022.

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

7142317 8300

SR# 20224044834

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

Suffrey W. Eudosch, Secretary of State

Authentication: 204882204

Date: 11-17-22