1/4/23, 12:36 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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karambasullerom com Email Address:

## Foreign Limited Liability Company Rosebud Consulting Services LLC

Certificate of Status	0
Certified Copy	1
Page Count	- 04
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Electronic Filing Menu — Corporate Filing Menu

JAN 12 5 2023

To:

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA ROSEBUD CONSULTING SERVICES LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate came adopted for the purpose of manuscring business in Honda. The alternate name must include "Limited Liability Company," "L. L. C." or "L. C.") (lunsdiction under the law of which foreign limited liability company is urganized) 2023 J .... - 14 1 ... 114 (Date first transacted business in Florids, if prior to registration.) (See sections 503 0904 & 603 0905, F.S. to determine penalty liability). 1643 Brickell Avenue 1643 Brickell Avenue (Street Address of Principal Office) ("failing Address) Stc 3101 Ste 3101 Miami, Florida 33129 Minmi, Florida 33129 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Miami 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.

Meredith Hellwig, Assistant Secretary

C T Corporation System

To:

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>Y:</u>	Name and Address:
<b>≅</b> Manager	Name: Kim Ghatalia	□Manager	Name:	
□Member	Address: 1643 Brickell Avenue	□Member	Address:	
□Authorized	Ste 3101	□Authorized		
Person	Miami, Florida 33129	Person		
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address: 125 Broad St Ste 3911	□Member	Address:	
■Authorized	New York, NY 10004	□Authorized		2073
Person		Person		
Other	Other	Other		•
				:
□Manager	Name:	□Manager	Name:	
□Member	Address:	☐Member	Address:	<u>~</u>
□Authorized		□Authorized		
Person		Person		
□Other		DOther	<u>-</u>	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.

M	2 10	
	Signature of an authorized person	
Bachir Karam		
	Typed or printed name of signee	



Page 1

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

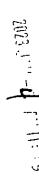
DELAWARE, DO HEREBY CERTIFY "ROSEBUD CONSULTING SERVICES LLC" IS

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 JANUARY, A.D. 2023.

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





Authentication: 202410667

Date: 01-03-23