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T. J. ...

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INFORMA GLOBAL SHARED SERVICES LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PATRICIA PETER

Name of Person

INFORMA

Firm/Company

605 3RD AVENUE, 22ND FL

Address

NEW YORK, NEW YORK 10158

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA PETER

212

600-3731

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. INFORMA GLOBAL SHARED SERVICES 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

2. DELAWARE 3. 88-4161063
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1990 MAIN STREET, STE. 750 6. 1990 MAIN STREET, STE. 750
(Street Address of Principal Office) (Mailing Address)

ATTN: INFORMA TAX

ATTN: INFORMA TAX

SARASOTA, FL 34236

SARASOTA, FL 34236

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) Florida (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.

Corporation Service Company

By: Elizabeth R. Konieczny, Asst. VP
(Registered agent's signature)

Elizabeth R. Konieczny, Asst. VP

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L.L.C.
1111
1111

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 type="checkbox"/> Manager	Name: <u>Brian Vasandani</u>	<input type="checkbox"/> Manager	Name: <u>Sheikh Shaghaf</u>
<input type="checkbox"/> Member	Address: <u>605 3rd Avenue, 22nd FL</u>	<input type="checkbox"/> Member	Address: <u>605 3rd Avenue, 22nd FL</u>
<input checked="" type="checkbox"/> Authorized	<u>New York, NY 10158</u>	<input checked="" type="checkbox"/> Authorized	<u>New York, NY 10158</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input checked="" type="checkbox"/> Other <u>Assistant Secretary</u>
<input type="checkbox"/> Manager	Name: <u>Marc Levine</u>	<input type="checkbox"/> Manager	Name: <u>Keri Pinzone</u>
<input type="checkbox"/> Member	Address: <u>1990 Main Street, Ste. 750</u>	<input type="checkbox"/> Member	Address: <u>1983 Marcus Ave., Ste 250</u>
<input checked="" type="checkbox"/> Authorized	<u>Sarasota, FL 34236</u>	<input checked="" type="checkbox"/> Authorized	<u>Lake Success, NY 11042</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>Tax Director</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Patricia Peter</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>605 3rd Avenue, 22nd FL</u>	<input type="checkbox"/> Member	Address: <u></u>
<input checked="" type="checkbox"/> Authorized	<u>New York, NY 10158</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Assistant Secretary</u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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.

Patricia Peter
Signature of an authorized person

Patricia Peter
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 "INFORMA GLOBAL SHARED 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.




Jeffrey W. Bullock, Secretary of State

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SR# 20230017341

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

Authentication: 202412667

Date: 01-03-23