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(Re	equestor's Name)	
(Ac	dress)	
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PICK-UP	TIAW	MAIL
(Bu	isiness Entity Name)	
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Office Use Only



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K. Brumbley

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Da	ate:	02/20/2023	- wil DW
		Acc#I20160000072	- 4: () = W
Name:	LD ACQUISI	TION COMPANY 6 L	LC
Document #:			
Order #:	14779922		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		LING withdrawa	al 1st - qualification 2nd
Apostille/Notarial Certification:		Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	155.00	

Thank you!

COVER LETTER

re enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Ristence, and check are submitted to register the above referenced foreign limited liability company to transact business ease return all correspondence concerning this matter to the following: Carla Matthews	Name of Limited Liability Company	
Carla Matthews Carla Matthews Name of Person LANDMARK DIVIDEND LLC Firm/Company 400 CONTINENTAL BLVD Address EL SEGUNDO, CA 90245-5076 City/State and Zip Code cmatthews@landmarkdividend.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:		
Carla Matthews Name of Person LANDMARK DIVIDEND LLC Firm/Company 400 CONTINENTAL BLVD Address EL SEGUNDO, CA 90245-5076 City/State and Zip Code ematthews@landmarkdividend.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:	ion by Foreign Limited Liability Company for Authorization to Trans e submitted to register the above referenced foreign limited liability of	act Business in Florida." Certifica ompany to transact business in Fl
Name of Person LANDMARK DIVIDEND LLC Firm/Company 400 CONTINENTAL BLVD Address EL SEGUNDO, CA 90245-5076 City/State and Zip Code ematthews@landmarkdividend.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:	condence concerning this matter to the following:	
LANDMARK DIVIDEND LLC Firm/Company 400 CONTINENTAL BLVD Address EL SEGUNDO, CA 90245-5076 City/State and Zip Code cmatthews@landmarkdividend.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:	Matthews	
Firm/Company 400 CONTINENTAL BLVD Address EL SEGUNDO, CA 90245-5076 City/State and Zip Code cmatthews@landmarkdividend.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:	Name of Person	
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EL SEGUNDO, CA 90245-5076 City/State and Zip Code cmatthews@landmarkdividend.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:	CONTINENTAL BLVD	
City/State and Zip Code ematthews@landmarkdividend.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:	Address	***
ematthews@landmarkdividend.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:	EGUNDO, CA 90245-5076	
E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:	City/State and Zip Code	
or further information concerning this matter, please call:	2.5	
	E-mail address: (to be used for future annual report notific	cation)
Carla Matthews 424 277-3261	concerning this matter, please call:	
	vs 424 277-3261 at ()	
Name of Contact Person Area Code Daytime Telephone Number	Name of Contact Person Area Code Daytin	ne Telephone Number
Mailing Address:Street Address:Registration SectionRegistration Section	Section Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	•	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, F1, 32314 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303	. F1, 32314 2415 N. Monroe Street. S	

At us 1 . 1. 21/2020 Watters Chiscor Onl

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. LD Acquisition Compar	ny 6 LLC				
(Name of Foreign I	annited Liability Company, must include "Limited	Liability Com	pany," "L.L.C.," or "LLC ")		
III name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The alterna	te name must include "Limited Liability	Company," "L.L.C." or "L	! C "}
Delaware		87-	4022124		
(Jurisdiction mider the law of which foreign limited liability company is organized)		(FI) number, if applicable)			
٠١	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determine	registration) me penalty habilu	y)	_	
400 Continental Blvd		400	Continental Blvd		
5. (Street Address of Principal Office)		6	(Mailing Address)		
Ste. 500		Ste.	500		
El Segundo, CA 90245		ELS	legundo, CA 90245		
				202	
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT accep	ntable)	2023 FEB	2
Name:	NRAI SERVICES, INC.			20	
Office Address:	1200 South Pine Island Road			7H 0: :	(7) T 4
	Plantation			50	
	(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: (Registered agents v 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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Josef Bobek Name: George Doyle ■Manager ■ Manager Address: 400 Continental Blvd.Ste. 500 400 Continental Blvd.Stc. 500 Address: □Member □ Member El Segundo, CA 90245 El Segundo, CA 90245 □ Authorized □ Authorized Person Person □Other_____ □Other □Other □Other Name: Arthur P. Brazy, Jr Name: Daniel Parsons Manager ■Manager Address: ____ 400 Continental Blvd.Stc. 500 Address: □Member □Member El Segundo, CA 90245 El Segundo, CA 90245 □ Authorized □ Authorized Person Person □Other_____ []Other____ □Other ____ □Other Name: _______Todd Ruggiero Name: LMDV Issuer Co. LLC □Manager ■Manager Address: 400 Continental Blvd,Ste. 500 Address: 400 Continental Blvd,Stc. 500 Member □Member El Segundo, CA 90245 El Segundo, CA 90245 □ Authorized □ Authorized 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. Nonindexed 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

10. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes. I am aware that any false information

Signature of an authorized person

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

Josef Bobek

of the translator must be submitted)

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "LD ACQUISITION COMPANY 6 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 ELEVENTH DAY OF FEBRUARY, A.D. 2023.

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



Jeffrey W Bullech, Secretary of State

Authentication: 202694124