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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

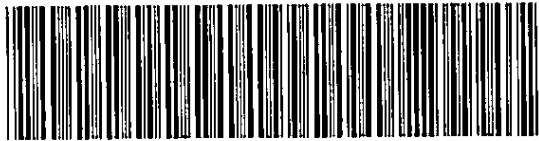
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLD, AND STATUTES HERETOFORE ISSUED, I, PHOENIX LLC, A FOREIGN LIMITED LIABILITY COMPANY, DO HEREBY REQUEST AUTHORIZATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Phoenix LLC

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

2. Phoenix LLC (or alternate name subject to the provisions of applicable business law in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

3. Phoenix LLC

(Number of members of the limited liability company, must be a natural number)

4. 88-0608564

(Tax identification number)

5. 7-1-22

(Date of filing of this application with the Florida Department of Banking and Finance, must be a date on or after the date of filing of this application with the Florida Department of Banking and Finance)

6. 135 Pineclawn Road, Suite 130 South

(Principal Address - Principal Office)

7. 135 Pineclawn Road, Suite 130 South

(Mailing Address)

Melville, NY 11747

Melville, NY 11747

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

Name: United Corporate Services, Inc.

Office Address: 3428 Lakeshore Drive

Tallahassee

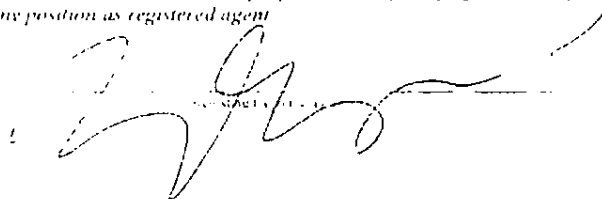
32312  
Florida

(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.



2022 07 01 11:29

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: Seth Friedland

☒ Member              Address: 135 Pinelawn Road, Suite 130 South

☐ Authorized              Melville, NY 11747

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager              Name: Mark Young

☒ Member              Address: 135 Pinelawn Road, Suite 130 South

☐ Authorized              Melville, NY 11747

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: John Bonade

☒ Member              Address: 135 Pinelawn Road, Suite 130 South

☐ Authorized              Melville, NY 11747

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: Michael Weinstein

☒ Member              Address: 135 Pinelawn Road, Suite 130 South

☐ Authorized              Melville, NY 11747

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: Steven Weinstein

☒ Member              Address: 135 Pinelawn Road, Suite 130 South

☐ Authorized              Melville, NY 11747

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☒ Manager              Name: Scott Forester

☐ Member              Address: 135 Pinelawn Road, Suite 130 South

☐ Authorized              Melville, NY 11747

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.

Deanna Johnson-Poudrier

Signature of an authorized person

Deanna Johnson-Poudrier

Typed or printed name of signer

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: Zoe Robbins

☐ Member                      Address: 135 Pinelawn Road, Suite 130 South

☐ Authorized                      Melville, NY 11747

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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

☐ Manager                      Name: Deanna Johnsson-Poudrier

☐ Member                      Address: 135 Pinelawn Road, Suite 130 South

☒ Authorized                      Melville, NY 11747

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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Deanna Johnsson-Poudrier  
Signature of an authorized person

Deanna Johnsson-Poudrier  
Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	PHAXIS, LLC
DOS ID Number:	6396842
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	02/04/2022
Statement Status:	CURRENT
Statement Due Date:	02/29/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on December 19, 2022 at 02:26 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes  
Executive Deputy Secretary of State