

M23000003318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

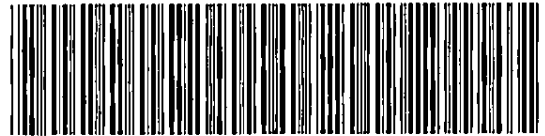
(Business Entity Name)

(Document Number)

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

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# CT CORP

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

Date: 03/15/2023

Acc#I20160000072

en: c SW

Name:	LD ACQUISITION COMPANY 7 LLC
Document #:	
Order #:	14836855

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1-2 Filing   Withdrawal 1st - Registration 2nd	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Email Address for Annual Report Notifications:

cmatthews@landmarkdividend.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 155.00

Thank you!

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LD Acquisition Company 7 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:

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)

For further information concerning this matter, please call:

Carla Matthews

424

277-3261

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. LD Acquisition Company 7 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-4022275  
(FEI number, if applicable)

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

5. 400 Continental Blvd  
(Street Address of Principal Office)

6. 400 Continental Blvd  
(Mailing Address)

Ste. 500 Ste. 500

El Segundo, CA 90245 El Segundo, CA 90245

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

Name: NRAI SERVICES, INC.

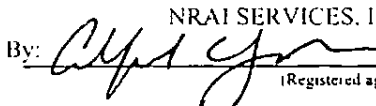
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

2023 MAR 15 AM 11:02  
FILED  
MAR 15 2023  
MAR 15 2023

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.

NRAI SERVICES, INC.  
By:  Alfred Younan  
(Registered agent's signature) 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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Josef Bobek	<input checked="" type="checkbox"/> Manager	Name: George Doyle
<input type="checkbox"/> Member	Address: 400 Continental Blvd, Ste. 500	<input type="checkbox"/> Member	Address: 400 Continental Blvd, Ste. 500
<input type="checkbox"/> Authorized	El Segundo, CA 90245	<input type="checkbox"/> Authorized	El Segundo, CA 90245
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Daniel Parsons	<input checked="" type="checkbox"/> Manager	Name: Arthur P. Brazy, Jr
<input type="checkbox"/> Member	Address: 400 Continental Blvd, Ste. 500	<input type="checkbox"/> Member	Address: 400 Continental Blvd, Ste. 500
<input type="checkbox"/> Authorized	El Segundo, CA 90245	<input type="checkbox"/> Authorized	El Segundo, CA 90245
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Todd Ruggiero	<input type="checkbox"/> Manager	Name: LMDV Issuer Co. LLC
<input type="checkbox"/> Member	Address: 400 Continental Blvd, Ste. 500	<input checked="" type="checkbox"/> Member	Address: 400 Continental Blvd, Ste. 500
<input type="checkbox"/> Authorized	El Segundo, CA 90245	<input type="checkbox"/> Authorized	El Segundo, CA 90245
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

/s/Josef Bobek

\_\_\_\_\_  
Signature of an authorized person

Josef Bobek

\_\_\_\_\_  
Typed or printed name of signee

**Management Attachment - LD ACQUISITION COMPANY 7 LLC**

<b><u>Name – Title</u></b>	<b><u>Business Address</u></b>
Josef Bobek - Manager	400 CONTINENTAL BLVD STE 500, EL SEGUNDO, CA 90245
George Doyle - Manager	400 CONTINENTAL BLVD STE 500, EL SEGUNDO, CA 90245
Daniel Parsons - Manager	400 CONTINENTAL BLVD STE 500, EL SEGUNDO, CA 90245
Arthur P. Brazy, Jr - Manager	400 CONTINENTAL BLVD STE 500, EL SEGUNDO, CA 90245
Todd Ruggiero - Manager	400 CONTINENTAL BLVD STE 500, EL SEGUNDO, CA 90245
LMDV Issuer Co. LLC - Member	400 CONTINENTAL BLVD STE 500, EL SEGUNDO, CA 90245

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LD ACQUISITION COMPANY 7 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 FOURTEENTH DAY OF MARCH, A.D. 2023.

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



6469515 8300

SR# 20230978228

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202907901

Date: 03-14-23