

M230000003375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

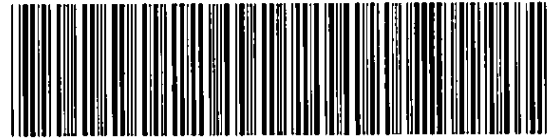
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
HARRISBURG, PA 17100

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ALLAH SADIQ

MAR 17 2023
M. SOLOMON

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

Date: 03/16/2023
Acc#I20160000072

mic Dll

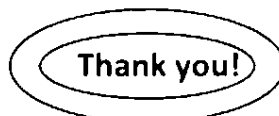
Name:	LD Acquisition Company 17 LLC
Document #:	
Order #:	14836859 - 196

Certified Copy of Arts & Amend:	☐	1-2 Filing	
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐	1. Withdrawal 2. Registration	
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

Filing: ☒	Certified: ☒	Email Address for Annual Report Notifications:
Plain: ☐		
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Ref# _____

Amount: \$	155.00
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LD Acquisition Company 17 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

SECRETARY OF STATE
TALLAHASSEE, FL 32303

2023 MAR 16 AM 9:48

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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 17 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. 88-1677911
(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)

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:  NRAI SERVICES, INC. Alfred Younan
(Registered agent's signature) Assistant Secretary

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TALLAHASSEE, FLORIDA

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: Josef Bobek

☐ Member Address: 400 Continental Blvd, Ste. 500

☐ Authorized El Segundo, CA 90245

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: George Doyle

☐ Member Address: 400 Continental Blvd, Ste. 500

☐ Authorized El Segundo, CA 90245

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Daniel Parsons

☐ Member Address: 400 Continental Blvd, Ste. 500

☐ Authorized El Segundo, CA 90245

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Arthur P. Brazy, Jr

☐ Member Address: 400 Continental Blvd, Ste. 500

☐ Authorized El Segundo, CA 90245

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Todd Ruggiero

☐ Member Address: 400 Continental Blvd, Ste. 500

☐ Authorized El Segundo, CA 90245

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: LMDV Issuer Co. LLC

☒ Member Address: 400 Continental Blvd, Ste. 500

☐ Authorized El Segundo, CA 90245

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.

/s/Josef Bobek

Signature of an authorized person

Josef Bobek

Typed or printed name of signee

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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

Management Attachment - LD ACQUISITION COMPANY 17 LLC

Name – Title	Business Address
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

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SECRETARY OF STATE
NOTARIES PUBLIC

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LD ACQUISITION COMPANY 17 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 ASSESSED TO DATE.



6709729 8300

SR# 20230978181

You may verify this certificate online at 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: 202907879

Date: 03-14-23