

M23000003474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

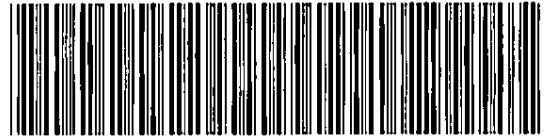
(Business Entity Name)

(Document Number)

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2023 MAR 17 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2023 MAR 17 PM 12:15

OFFICE OF
CORPORATIONS
TALLAHASSEE, FLORIDA

MAR 20 2023

M. SOLOMON

CT CORP

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

Date: 03/17/2023
Acc#I20160000072

en: c DW

Name:	LD ACQUISITION COMPANY 8 LLC
Document #:	
Order #:	14841113

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"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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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 8 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 MAR 17 AM 10:21

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For further information concerning this matter, please call:

Carla Matthews

424

277-3261

Name of Contact Person

at ()

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 8 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 87-4061119
(Jurisdiction under the law of which foreign limited liability company is organized) (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 400 Continental Blvd
(Street Address of Principal Office) (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

SECRETARY OF STATE
NOT A PUBLIC OFFICIAL

2023 MAR 17 AM 10:31

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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

☒ Manager Name: Daniel Parsons
☐ 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

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: Arthur P. Brazy
☐ Member Address: 400 Continental Blvd, Ste. 500
☐ Authorized El Segundo, CA 90245
Person
☐ Other ☐ Other

☐ Manager Name: LMRK 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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LD ACQUISITION COMPANY 8 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 SIXTEENTH DAY OF MARCH, A.D. 2023.

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



6469430 8300

SR# 20231020973

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

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

Authentication: 202931641

Date: 03-16-23