

3/22/23, 9:51 AM Division of Corporations

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Florida Department of State
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cmatthews@landmarkdividend.com

Foreign Limited Liability Company
LD ACQUISITION COMPANY 9 LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILED
MAR 22 AM 4:27
TALLAHASSEE, FL

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

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 87-4061354 (FEI number, if applicable)

4. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 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
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)

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

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: <u>Josef Bobek</u>	<input checked="" type="checkbox"/> Manager	Name: <u>George Doyle</u>
<input type="checkbox"/> Member	Address: <u>400 Continental Blvd, Ste. 500</u>	<input type="checkbox"/> Member	Address: <u>400 Continental Blvd, Ste. 500</u>
<input type="checkbox"/> Authorized Person	<u>El Segundo, CA 90245</u>	<input type="checkbox"/> Authorized Person	<u>El Segundo, CA 90245</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Daniel Parsons</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Arthur P. Brazy, Jr</u>
<input type="checkbox"/> Member	Address: <u>400 Continental Blvd, Ste. 500</u>	<input type="checkbox"/> Member	Address: <u>400 Continental Blvd, Ste. 500</u>
<input type="checkbox"/> Authorized Person	<u>El Segundo, CA 90245</u>	<input type="checkbox"/> Authorized Person	<u>El Segundo, CA 90245</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Todd Ruggiero</u>	<input type="checkbox"/> Manager	Name: <u>INSERT FROM CHART</u>
<input type="checkbox"/> Member	Address: <u>400 Continental Blvd, Ste. 500</u>	<input checked="" type="checkbox"/> Member	Address: <u>400 Continental Blvd, Ste. 500</u>
<input type="checkbox"/> Authorized Person	<u>El Segundo, CA 90245</u>	<input type="checkbox"/> Authorized Person	<u>El Segundo, CA 90245</u>
<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

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LD ACQUISITION COMPANY 9 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.




Jeffrey W. Bullock, Secretary of State