

M23000003841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

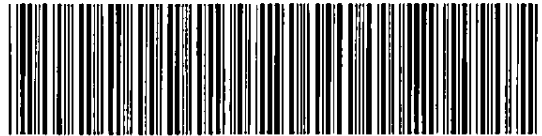
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900404175469

APPROVED
AND
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2023 MAR 17 AM 10:16

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2023 MAR 17 AM 9:32

ALLAHAMMER, ALA.

MAR 27 2023

L. Brumley

MS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2023

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: LD ACQUISITION COMPANY 11 LLC
Ref. Number: W23000037704

We have received your document for LD ACQUISITION COMPANY 11 LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

Last Member is indicated as "INSERT FROM CHART" please amend and
resubmit at your convenience.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 023A00006400



2023 MAR 24 AM 11:33

RECEIVED

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 03/17/2023

Acc#I20160000072

en: c SW

Name:	LD Acquisition Company 11 LLC
Document #:	
Order #:	14840873

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
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:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

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 11 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. I.D ACQUISITION COMPANY 11 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. 87-4041039

(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)

Ste. 500

El Segundo, CA 90245

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

(City)

, Florida

33324

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

APPROVED
AND
FILED

2023 MAR 17 AM 10:16

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 signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LD ACQUISITION COMPANY 11 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.



6469549 8300

SR# 20231025299

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: 202933872

Date: 03-16-23