M2300005711

| (F | Requestor's Name) | | |
|---------------------------------------|-------------------------|--|--|
| (F | Address) | | |
| · · · · · · · · · · · · · · · · · · · | Address) | | |
| ((| City/State/Zip/Phone #) | | |
| PICK-UP | WAIT MAIL | | |
| (E | Business Entity Name) | | |
| (Document Number) | | | |
| Certified Copies | Certificates of Status | | |
| Special Instructions | to Filing Officer: | | |
| | | | |
| | | | |
| | | | |

Office Use Only



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S. ROBERTS

MAY - 4 2023

CT CORP

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

| D | ote: 03/17/2023 | | w: DW | |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------|------------------------------------------------|--|
| | | Acc#I20160000072 | and the second | |
| Name: | LD ACQUISI | TION COMPANY 12 | LLC | |
| Document #: | | | | |
| Order #: | 14841187 - | 264 | | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification: | | Country of Destination: Number of Certs: | 53 | |
| Filing: 🗸 | Certified: Plain: COGS: | | Email Address for Annual Report Notifications: | |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ | 155.00 | | |
| | | (Thank you!)) | | |

COVER LETTER

| JBJECT: LD Acquisition Company I | 2 CLC |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Name of Limited Liability Company |
| | mited Liability Company for Authorization to Transact Business in Florida," Certifica ister the above referenced foreign limited liability company to transact business in Florida. |
| ease return all correspondence concerni | ng this matter to the following: |
| Carla Matthews | |
| | Name of Person |
| LANDMARK DIVIDE | END LLC |
| | Firm/Company |
| 400 CONTINENTAL | BLVD |
| | Address |
| EL SEGUNDO, CA 90 | 0245-5076 |
| | City/State and Zip Code |
| cmatthews@landmarkdi | |
| E-mai | address: (to be used for future annual report notification) |
| r further information concerning this m | atter, please call: |
| Carla Matthews | 424 277-3261 at () |
| Name of Conta | |
| Mailing Address: | Street Address: |
| Registration Section Division of Corporations | Registration Section Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| | Tallahassee, FL 32303 |
| Enclosed is a check for the follow | |
| | LORIDA DEPARTMENT OF STATE 30.00 Filing Fee & \$\overline{\Omega}\$ \$155.00 Filing Fee & \$\overline{\Omega}\$ \$160.00 Filing Fee, Certificat |
| □ 0.25.50 . milg rec □ 51 | Certificate of Status Certified Copy of Status & Certified Cop |

**

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| LD Acquisition Compa | any 12 LLC | | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------|-------------------------|
| (Name of Foreign | any 12 LLC Limited Liability Company; must include "Limited | d Liability | Company,""L.L.C.," or "LLC.") | |
| (If name unavailable, enter alternate a | name adopted for the purpose of transacting business in Fl | orida The a | ternate name must include "Limited Liability Con | many," "L.L.C," or "LLC |
| Delaware | | | 87-4041206 (FE) number, if applic | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | | (FEI number, if applic | able) |
| Upon Filing 4. | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine | registration ine penalty li | ability) | |
| 400 Continental Blvd 5. (Street Address of Principal Office) | | | 400 Continental Blvd (Mailing Address) | 2(|
| (Street Address of Principal Office) | | | (Mailing Address) | 23. |
| Ste. 500 | | : | Ste. 500 | · · · |
| El Segundo, CA 90245 | ; ; | ı | El Segundo, CA 90245 | |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Box | NOT ac | eceptable) | <u></u> |
| Name: | NRAI SERVICES, INC. | | | O. |
| Office Address: | 1200 South Pine Island Road | · <u> </u> | | |
| | Plantation | | 33324 Florida | |
| | (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: Alfred Younan
(Registered agent's siAssistant Secretary

| ■ Manager □ Member □ Authorized | Name: Josef Bobek | | |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| | | ■Manager | Name: George Doyle |
| □Authorized | Address: 400 Continental Blvd,Ste. 500 | □Member | Address: 400 Continental Blvd.Ste. 500 |
| | El Segundo, CA 90245 | □Authorized | El Segundo, CA 90245 |
| Person | | Person | |
| □Other | Other | Other | Other |
| ■Manager | Name: | ■ Manager | Name: Arthur P. Brazy, Jr |
| □Member | Address: 400 Continental Blvd,Ste. 500 | □Member | Address: 400 Continental Blvd,Ste, 500 |
| □Authorized | El Segundo, CA 90245 | □Authorized | El Segundo, CA 90245 |
| Person | | Person | |
| □Other | Other | □Other | Other |
| | Todd Paggiaro | | Landmark Dividend LLC |
| ■Manager | Name: Todd Ruggiero | □Manager | Name: |
| □Member | Address: 400 Continental Blvd, Ste. 500 | ■Member | Address: 400 Continental Blvd,Ste. 500 |
| □Authorized | El Segundo, CA 90245 | □Authorized | El Segundo, CA 90245 |
| Person | | Person | |
| □Other | Other | Other | Other |
| 9. Attached is a cert jurisdiction under th of the translator mus10. This document i | ise an attachment to report more than six (6). To may be added to the index when filing your Florificate of existence, no more than 90 days old, the law of which it is organized. (If the certificate is the submitted) s executed in accordance with section 605.020 ment to the Department of State constitutes a the section of the law of the l | orida Department of State duly authenticated by the te is in a foreign language (3 (1) (b), Florida Statutes | Annual Report form. official having custody of records in the a translation of the certificate under oath. I am aware that any false information |

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LD ACQUISITION COMPANY 12 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 SEVENTEENTH DAY OF MARCH, A.D. 2023.

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

Authentication: 202939568

Date: 03-17-23

6469506 8300 SR# 20231036443