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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
EVOKE GIANT LLC**

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

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2023 MAY 12 PM 3:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

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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. EVOKE GIANT 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. CALIFORNIA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FBI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1700 MONTGOMERY ST, SUITE 485

(Street Address of Principal Office)

6. 1700 MONTGOMERY ST, SUITE 485

(Mailing Address)

SAN FRANCISCO, CA 94111

SAN FRANCISCO, CA 94111

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301

(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.

Shawna L. Smith

(Registered agent's signature)

Shawna L. Smith, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>GIANT CREATIVE HOLDINGS, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>IAN STEVENS</u>
<input checked="" type="checkbox"/> Member	Address: <u>1700 MONTGOMERY ST</u>	<input type="checkbox"/> Member	Address: <u>300 VESEY ST, 10TH FL</u>
<input type="checkbox"/> Authorized	<u>SUITE 485</u>	<input type="checkbox"/> Authorized	<u>NEW YORK, NY 10282</u>
Person	<u>SAN FRANCISCO, CA 94111</u>	Person	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name: <u>MARTIN MORROW</u>	<input checked="" type="checkbox"/> Manager	Name: <u>ADAM GELLING</u>
<input type="checkbox"/> Member	Address: <u>800 TOWNSHIP LINE RD</u>	<input type="checkbox"/> Member	Address: <u>1700 MONTGOMERY ST</u>
<input type="checkbox"/> Authorized	<u>SUITE 300</u>	<input type="checkbox"/> Authorized	<u>SUITE 485</u>
Person	<u>YARDLEY, PA 19067</u>	Person	<u>SAN FRANCISCO, CA 94111</u>
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name: <u>ROB HENDERSON</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>800 TOWNSHIP LINE RD</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>SUITE 300</u>	<input type="checkbox"/> Authorized	_____
Person	<u>YARDLEY, PA 19067</u>	Person	_____
<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.



Signature of an authorized person

IAN STEVENS

Typed or printed name of signer

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Secretary of State Certificate of Status

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I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	EVOKE GIANT LLC
Entity No.:	200204510020
Registration Date:	02/14/2002
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 11, 2023.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 107404327

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at blzfileOnline.sos.ca.gov.

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