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(City/State/Zip/Phone #)

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T. LEMIEUX

JUN 24 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Socotec Advisory, 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:

Ashley Miller

\_\_\_\_\_  
Name of Person

LicenseSure LLC

\_\_\_\_\_  
Firm/Company

801 Second Ave, 15th Fl

\_\_\_\_\_  
Address

New York, NY 10017

\_\_\_\_\_  
City/State and Zip Code

filings@licensesure.biz

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Miller

844

554-2367

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. Socotec Advisory, 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 36-4785100  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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)

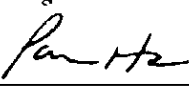
5. 151 W. 42nd Street, FL 24  
(Street Address of Principal Office)  
New York, NY 10036  
6. 151 W. 42nd Street, FL 24  
(Mailing Address)  
New York, NY 10036

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

Name: LicenseSure LLC  
Office Address: 1400 Village Square Blvd #3-85007  
Tallahassee, Florida 32312  
(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.

  
(Registered agent's signature)

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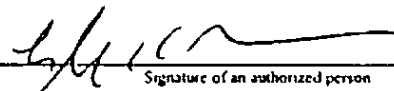
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>                  | <u>Title or Capacity:</u>                   | <u>Name and Address:</u>                  |
|---|---|---|---|
| <input checked="" type="checkbox"/> Manager | Name: <u>Hervé Montjotin</u>              | <input checked="" type="checkbox"/> Manager | Name: <u>Sebastien Botin</u>              |
| <input type="checkbox"/> Member             | Address: <u>151 W. 42nd Street, FL 24</u> | <input type="checkbox"/> Member             | Address: <u>151 W. 42nd Street, FL 24</u> |
| <input type="checkbox"/> Authorized         | <u>New York, NY 10036</u>                 | <input type="checkbox"/> Authorized         | <u>New York, NY 10036</u>                 |
| Person                                      | _____                                     | Person                                      | _____                                     |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____      | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____      |
| <br>  |   | <br>  |   |
| <input checked="" type="checkbox"/> Manager | Name: <u>Jean-François Landry</u>         | <input checked="" type="checkbox"/> Manager | Name: <u>Marc Weissbach</u>               |
| <input type="checkbox"/> Member             | Address: <u>151 W. 42nd Street, FL 24</u> | <input type="checkbox"/> Member             | Address: <u>151 W. 42nd Street, FL 24</u> |
| <input type="checkbox"/> Authorized         | <u>New York, NY 10036</u>                 | <input type="checkbox"/> Authorized         | <u>New York, NY 10036</u>                 |
| Person                                      | _____                                     | Person                                      | _____                                     |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____      | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____      |
| <br>  |   | <br>  |   |
| <input checked="" type="checkbox"/> Manager | Name: <u>Lloyd Jarkow</u>                 | <input type="checkbox"/> Manager            | Name: _____                               |
| <input type="checkbox"/> Member             | Address: <u>151 W. 42nd Street, FL 24</u> | <input type="checkbox"/> Member             | Address: _____                            |
| <input type="checkbox"/> Authorized         | <u>New York, NY 10036</u>                 | <input type="checkbox"/> Authorized         | _____                                     |
| Person                                      | _____                                     | Person                                      | _____                                     |
| <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.

  
\_\_\_\_\_  
Signature of an authorized person

LLOYD JARKOW  
\_\_\_\_\_  
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 "SOCOTEC ADVISORY, 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 SECOND DAY OF MAY, A.D. 2023.



5495546 8300

SR# 20231760547

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203263499

Date: 05-02-23