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Division of Corporations

Fax Number

: (850)617-6383

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Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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Email Address:

Foreign Limited Liability Company SDG MGMT COMPANY, LLC

EPARTHENT OF STATE FEBRITHENT OF STATIONS ASION OF CORPORATIONS ALLAHASSEE. FLORIDA

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		COVERLETTER	H23000224608
	istration Section sion of Corporations		
	SDG Mgmt Company, LLC		
JECT:	Nam	e of Limited Liability Company	.
enclosed	"Application by Foreign Limited Liability	Company for Authorization to Transact	Business in Florida," Certificate o
tence, and	d check are submitted to register the above	referenced foreign limited liability comp	pany to transact business in Florid
se return	all correspondence concerning this matter t	o the following:	
	Stephanic Sharp		
	·	Name of Person	
	SDG Mgmt Company, LLC		
	· ····································	Firm/Company	
	33 East 33rd Street, 12th Floor		
		Address	
	New York, NY 10016		
	C	City/State and Zip Code	
	ssharp@schweigerderm.com		
	E-mail address: (to be	e used for future annual report notification	on)
further in	formation concerning this matter, please ca	11:	
Stef	anie Sharp	917 363-9798	
	Name of Contact Person		elephone Number
	ing Address:	Street Address:	
_	istration Section	Registration Section	
	ision of Corporations	Division of Corporations	
	. Box 6327	The Centre of Tallahassee	010
Tall	ahassee, FL 32314	2415 N. Monroe Street, Suit Tallahassee, FL 32303	c 810
	osed is a check for the following amount:	A DTMENT OF STATE	
	se make check payable to: FLORIDA DEF 125.00 Filing Fee	e & □ \$155.00 Filing Fee & □	\$160.00 Filing Fee, Certificate of Status & Certified Copy

COVER LETTER

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H23000224608

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 RECISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SDG Momt Company II C

	name adopted for the purpose of transacting business in Fl	orida. The alternate	name must include "Limited Liability (Company," "L.L.C," or "	
Delaware		3	(FBI number, if ap		
(Jurisdiction under the law of which foreign limited liability company is organized			(FBI number, II ap	ріковоне)	
	(Date first transacted business in Florids, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	rogistration.)		-	
33 East 33rd Street, 12th Floor		6 33 E	33 East 33rd Street, 12th Floor		
et Address of Principal Office)		(1)	Making Address)		
New York, NY 10	016	Nev —	v York, NY 10016		
	ss of Florida registered agent: (P.O. Box	NOT accept	able)	<u></u>	
Name and street addres	_ ,	•		,	
Name and street address Name:	C T Corporation System				
			-	PELL HASA	
Name:	C T Corporation System		- - 33324 , Florida	5.60	

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: CT Corporation System

Laura R Broderick, Asst. Secretary

(Registered agent's signature)

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H23000224608

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

itle or Capacity:	Name and Address:	Title or Canacity:	Name and Address:
Manager	Name: Liric Schweiger, M.D.	□Manager	Name: Thomas Sibson
Member	Address: 23 East 33rd Street, 12th Floor	□Member	Address: 23 East 33rd Street, 12th F
Authorized	New York, NY 10016	□Authorized	New York, NY 10016
Person		Person	
Other	Other	■Other CFO	☐ Other
Manager	Name: Catherine Jackson-Woods	□Manager	Name:
Member	Address: 33 East 33rd Street, 12th Floor	□Member	Address:
Authorized	New York, NY 10016	□Authorized	
Person		Person	
Other	al & Compliance Officer Other	Other	□Other
Manager	Name:	□Manager	Name:
Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	
Other	Other	□Other	

- 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.

E Schwige M3	
Signature of an authorized person	
Eric Schweiger, M.D., CEO	
Typed or printed name of signee	H23000224608

DocuSigned by:

H23000224608



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SDG MGMT COMPANY, 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 TWENTIETH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SDG MGMT COMPANY, LLC" WAS FORMED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2012.

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

5227424 8300 SR# 20232796423

You may verify this certificate online at corp.delaware.gov/authver.shtml

MSR

Authentication: 203578039

Date: 06-20-23