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Florida Department of State  
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**Foreign Limited Liability Company  
LTPMI LLC**

Certificate of Status	1
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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. LTPMI 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. \_\_\_\_\_  
(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. 100 Jim Moran Blvd.  
(Street Address of Principal Office)

6. 100 Jim Moran Blvd.  
(Mailing Address)

Deerfield Beach, FL 33442

Deerfield Beach, FL 33442

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

Name: United Agent Group Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408  
(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.*

Ashley Perkins Ashley Perkins, Special Secretary  
(Registered agent's signature)

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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

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: Please see attached.	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<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.

*Ashley Perkins*  
Signature of an authorized person

Ashley Perkins, Attorney-in-Fact

Typed or printed name of signee

**LTIC Direct LLC**

**Full list of Officers and Directors**

**Officers:**

1. RaviTheja Abbieni, President - 100 Jim Moran Blvd. Deerfield Beach, FL 33442
2. Stephen P. Artusi, SVP, General Counsel, and Secretary - 100 Jim Moran Blvd. Deerfield Beach, FL 33442
3. Darrell Campbell, Group Vice President and Treasurer - 100 Jim Moran Blvd. Deerfield Beach, FL 33442
4. Dhvani Shah, Group Vice President - 100 Jim Moran Blvd. Deerfield Beach, FL 33442
5. Kimberly M. Magner, Vice-President, Corporate Taxes - 100 Jim Moran Blvd. Deerfield Beach, FL 33442
6. Joseph A. Venezia, Vice-President - 100 Jim Moran Blvd. Deerfield Beach, FL 33442
7. Bryan Romano, Assistant Treasurer - 100 Jim Moran Blvd. Deerfield Beach, FL 33442
8. Ronald J. Virtue, Assistant Treasurer - 100 Jim Moran Blvd. Deerfield Beach, FL 33442
9. Andre L. Hall, Assistant Secretary - 100 Jim Moran Blvd. Deerfield Beach, FL 33442
10. Paula Pescarus, Assistant Secretary - 100 Jim Moran Blvd. Deerfield Beach, FL 33442
11. Caren Snead Williams, Assistant Secretary - 100 Jim Moran Blvd. Deerfield Beach, FL 33442

**Directors:**

1. RaviTheja Abbieni - 100 Jim Moran Blvd. Deerfield Beach, FL 33442
2. Dhvani Shah - 100 Jim Moran Blvd. Deerfield Beach, FL 33442

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LTPMI 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 TWENTY-FIRST DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LTPMI LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2023.

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



7556664 8300

SR# 20233057414

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

A handwritten signature of Jeffrey W. Bullock in black ink, 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: 203802269

Date: 07-21-23