

11/16/23, 2:52 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (614)280-3338

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

Email Address: Legal@thresholdbrands.com

**Foreign Limited Liability Company
 Threshold Brands, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

**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. Threshold Brands, 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. Delaware 3. 87-2433357
(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. 77 N. Washington Street 6. 77 N. Washington Street
(Street Address of Principal Office) (Mailing Address)
Boston, MA 02114 Boston, MA 02114

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

C T Corporation System
By: /s/ Sandra Zvijack, Assistant Secretary
(Registered agent's signature)

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TALLAHASSEE, FL

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):

Title or Capacity:Name and Address:☒ ManagerName: Thomas Silk77 N. Washington Street, Boston, MA
02114☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____☒ ManagerName: Ryan Farris77 N. Washington Street, Boston, MA
02114☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____☒ ManagerName: Caroline Peck77 N. Washington Street, Boston, MA
02114☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____Title or Capacity:Name and Address:☒ ManagerName: Theodore DeMarino77 N. Washington Street, Boston, MA☐ MemberAddress: 02114☐ Authorized

Person _____

☐ Other _____☐ Other _____☒ ManagerName: Mark Kushinsky77 N. Washington Street, Boston, MA
02114☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____☒ ManagerName: SEE ATTACHED☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ 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

Robert G. Huelin

Typed or printed name of signer

LIST OF MANAGERS

Name	Title	Address
Stephen Rice	Manager	77 N. Washington Street, Boston, MA 02114
Steven Siegel	Manager	77 N. Washington Street, Boston, MA 02114

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THRESHOLD BRANDS, 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2023.

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



6200970 8300

SR# 20233954711

You may verify this certificate online at 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.

Authentication: 204573861

Date: 11-13-23