

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
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Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**Foreign Limited Liability Company  
Sonnick Partners LLC**

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$130.00

RECEIVED

2023 DEC 14 AM 11:22

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2023 DEC 14 PM 6:44

FILED

**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. Sonnick Partners 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. New York 3. \_\_\_\_\_  
(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. 860 Broadway, 5th Floor 6. 860 Broadway, 5th Floor  
(Street Address of Principal Office) (Mailing Address)  
New York, NY 10003 New York, NY 10003

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408  
(City) (Zip code)

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**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.*

/s/ Joseph Panholzer Joseph Panholzer, Special Secretary  
(Registered agent's signature)

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: Elango Rathinavelu	<input checked="" type="checkbox"/> Manager	Name: Eric Winston
<input type="checkbox"/> Member	Address: 860 Broadway, 5th Floor	<input type="checkbox"/> Member	Address: 860 Broadway, 5th Floor
<input type="checkbox"/> Authorized	New York, NY 10003	<input type="checkbox"/> Authorized	New York, NY 10003
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	 Name: Sivaramakrishna Puranam	 <input type="checkbox"/> Manager	 Name:
<input type="checkbox"/> Member	Address: 860 Broadway, 5th Floor	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	New York, NY 10003	<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.

/s/ Joseph Panholzer

Signature of an authorized person

Joseph Panholzer, Attorney-in-Fact

Typed or printed name of signer

## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

<b>Entity Name:</b>	SONNICK PARTNERS LLC
<b>DOS ID Number:</b>	3834583
<b>Entity Type:</b>	DOMESTIC LIMITED LIABILITY COMPANY
<b>Entity Status:</b>	EXISTING
<b>Date of Initial Filing with DOS:</b>	07/16/2009
<b>Statement Status:</b>	CURRENT
<b>Statement Due Date:</b>	07/31/2025

I certify that the following is a list of documents on file in the Department of State for said entity:

<b>Document Type:</b>	ARTICLES OF ORGANIZATION
<b>Date of Filing:</b>	07/16/2009
<b>Entity Name:</b>	SONNICK PARTNERS LLC

<b>Document Type:</b>	BIENNIAL STATEMENT
<b>Date of Filing:</b>	09/08/2011
<b>Effective Date:</b>	07/01/2011

<b>Document Type:</b>	BIENNIAL STATEMENT
<b>Date of Filing:</b>	08/08/2013
<b>Effective Date:</b>	07/01/2013

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/06/2015  
**Effective Date:** 07/01/2015

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**Document Type:** CERTIFICATE OF PUBLICATION  
**Date of Filing:** 04/19/2017

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 08/24/2017  
**Effective Date:** 07/01/2017

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 06/04/2020  
**Effective Date:** 07/01/2019

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/12/2022  
**Effective Date:** 07/01/2021

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/07/2023  
**Effective Date:** 07/01/2023

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on December 12, 2023  
at 11:14 A.M.



ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State