M230000157722

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

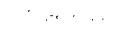
Office Use Only



400419225984

11/21/25--01098--013 **160.00

2023 NOV 21 PH 4: 06
SECRETARY OF STATE



COVER LETTER

1550 Partners LLC UBJECT:	
	me of Limited Liability Company
	y Company for Authorization to Transact Business in Florida," Certificate of ereferenced foreign limited liability company to transact business in Florid
lease return all correspondence concerning this matter	to the following:
Jonathan Fine	
	Name of Person
Vantage Holdings Group LLC	
	Firm/Company
1270 Avenue of the Americas, FL 7	
	Address
New York, NY 10020	
	City/State and Zip Code
jfine@vantageh.com	
E-mail address: (to	be used for future annual report notification)
or further information concerning this matter, please c	call:
Jonathan Fine	516 491-0970
Name of Contact Person	at ()
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FŁORIDA DE	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing F	Fee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate

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:

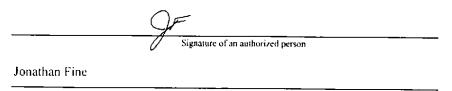
1. 1550 Partners LLC				
(Name of Foreign	Elimited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability Company," "L.	L.C," or "L1.C ")	
Delaware 2.		92-2823849		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if applicable)		
4/21/2023 4.				
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration) c penalty liability)		
1270 Ave of the Amer 5.	icas. FL 7	Attn: Jonathan Fine/1550 Partners LLC		
(Street Address of Principal Office)		6. (Mailing Address)		
New York, NY 10020		1270 Ave of the Americas, FL 7		
		New York, NY 10020		
 Name and street address Name: 	s of Florida registered agent: (P.O. Box ZenBusiness Inc.	NOT acceptable)	2023 KOY 21	
Office Address:	336 E. College Ave. Suite 301	SEE, FI		
	Tallahassee	, Florida <u>32301</u>		
	(Cuy)	(Zip code)		
designated in this applica- to comply with the provisi	gistered agent and to accept service of pi tion, I hereby accept the appointment as	rocess for the above stated limited liability companies registered agent and agree to act in this capacity. and complete performance of my duties, and I am	I further agre	

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:	Title or Capacity:		Name and Address:
□Manager	Name: Jonathan Fine	□Manager	Name:	
□Member	Address: 1270 Ave of the Americas, FL 7	□Member	Address:	
≣ Authorized	New York, NY 10020	□Authorized		
Person		Person		<u> </u>
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□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. Lam 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.



Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "1550 PARTNERS LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR

AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO

TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE EIGHTH DAY OF MARCH, A.D. 2023, AT 1:32 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1550 PARTNERS LLC" WAS FORMED ON THE EIGHTH DAY OF MARCH, A.D. 2023.

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

Authentication: 203971353

Date: 08-15-23

7337033 8315 SR# 20233253751