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Florida Department of State
Division of Corporations
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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
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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
Code and Theory LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2024 JAN 31 AM 7:25

FILED

Handwritten signature/initials

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Code and Theory 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. 77-0588926
(Jurisdiction under the law of which foreign limited liability company is organized) (FLL number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability.)

5. <u>One World Trade Center</u> (Street Address of Principal Office)	6. <u>One World Trade Center</u> (Mailing Address)
<u>Floor 65</u>	<u>Floor 65</u>
<u>New York, NY 10007</u>	<u>New York, NY 10007</u>

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

Name:	<u>C.T. Corporation System</u>
Office Address:	<u>1200 South Pine Island Road</u>
	<u>Plantation</u> , Florida <u>33324</u>
	(City) (Zip code)

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 CLERK OF CIRCUIT COURT
 IN AND FOR THE COUNTY OF DADE
 FLORIDA

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 Zwijack, Assistant Secretary
(Registered agent's signature)

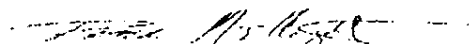
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Frank Lamuto</u>	<input type="checkbox"/> Manager	Name: <u>Ryan Greene</u>
<input type="checkbox"/> Member	Address: <u>One World Trade Center</u>	<input type="checkbox"/> Member	Address: <u>One World Trade Center</u>
<input checked="" type="checkbox"/> Authorized	<u>Floor 65</u>	<input checked="" type="checkbox"/> Authorized	<u>Floor 65</u>
Person	<u>New York, NY 10007</u>	Person	<u>New York, NY 10007</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Peter McElligott</u>	<input type="checkbox"/> Manager	Name: <u>Sandy Roberts</u>
<input type="checkbox"/> Member	Address: <u>One World Trade Center</u>	<input type="checkbox"/> Member	Address: <u>One World Trade Center</u>
<input checked="" type="checkbox"/> Authorized	<u>Floor 65</u>	<input checked="" type="checkbox"/> Authorized	<u>Floor 65</u>
Person	<u>New York, NY 10007</u>	Person	<u>New York, NY 10007</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jay Leveton</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>One World Trade Center</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Floor 65</u>	<input type="checkbox"/> Authorized	_____
Person	<u>New York, NY 10007</u>	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.



Signature of an authorized person

Peter McElligott

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:

Entity Name: CODE AND THEORY LLC
DOS ID Number: 2729399
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 02/08/2002

Statement Status: CURRENT
Statement Due Date: 02/29/2024

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 January 31, 2024 at 12:59 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State