

Leslie Sellers 8004323622

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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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

**Foreign Limited Liability Company
GRYPHON TRADING 16 LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2024 FEB 22 AM 6:12

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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. Gryphon Trading 16 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. _____

(Street Address of Principal Office)

101 NE Third Avenue, Suite 610

Fort Lauderdale, Florida 33301

6. _____

101 NE Third Avenue, Suite 610

(Mailing Address)

Fort Lauderdale, Florida 33301

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida

32301

(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.

Jerome L. Suarez

Corporation Service Company
by Jerome L. Suarez, Asst. Secy.

(Registered agent's signature)

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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:**
☒ **Manager** Name: Gryphon Trading Company LLC
☒ **Member** Address: 101 NE Third Ave, Suite 610
☐ **Authorized** Fort Lauderdale, Florida 33301
 Person _____
☐ **Other** _____ ☐ **Other** _____

Title or Capacity: **Name and Address:**
☐ **Manager** Name: Steven Patch
☐ **Member** Address: 101 NE Third Ave, Suite 610
☒ **Authorized** Fort Lauderdale, Florida 33301
 Person _____
☐ **Other** _____ ☐ **Other** _____

☐ **Manager** Name: Benji Rosenbaum
☐ **Member** Address: 101 NE Third Ave, Suite 610
☒ **Authorized** Fort Lauderdale, Florida 33301
 Person _____
☐ **Other** _____ ☐ **Other** _____

☐ **Manager** Name: _____
☐ **Member** Address: _____
☐ **Authorized** _____
 Person _____
☐ **Other** _____ ☐ **Other** _____

☐ **Manager** Name: _____
☐ **Member** Address: _____
☐ **Authorized** _____
 Person _____
☐ **Other** _____ ☐ **Other** _____

☐ **Manager** Name: _____
☐ **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.817.135, F.S.

Signature of an authorized person

Steven Patch

Printed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GRYPHON TRADING 16 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-SECOND DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRYPHON TRADING
16 LLC" WAS FORMED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2024.

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



3099613 8300

SR# 20240624021

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is 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: 202859906

Date: 02-22-24