

M240000004399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

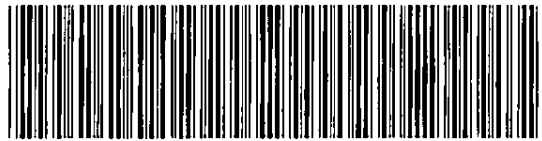
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24-39103

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W24-39103



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2024

KATELYN FRY
2200 GEORGETOWN DRIVE, SUITE 500
SEWICKLEY, PA 15143 US

SUBJECT: EAST ASSET PE, LLC
Ref. Number: W24000039103

We have received your document for EAST ASSET PE, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 224A00005199

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: East Asset PE, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Katelyn Fry

Name of Person

Firm/Company

2200 Georgetown Drive, Suite 500

Address

Sewickley PA 15143

City/State and Zip Code

kfry@emslp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katelyn Fry

724
at ()

935-8091

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. East Asset PE, 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. 61-1760457
(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. 7777 NW Beacon Square Blvd.
(Street Address of Principal Office)

Boca Raton, FL 33487

6. 7777 NW Beacon Square Blvd.
(Mailing Address)

Boca Raton, FL 33487

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

Name: Cogency Global, Inc.

Office Address: 115 N Calhoun St Suite 4

Tallahassee, Florida 32301
(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.

/s/ Christina Marasigan, Asst. Secy.

(Registered agent's signature)

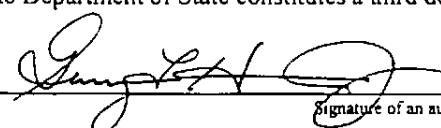
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Terrence M. Pegula	<input type="checkbox"/> Manager	Name: John P. Sieminski
<input checked="" type="checkbox"/> Member	Address: 7777 NW Beacon Square Blvd.	<input type="checkbox"/> Member	Address: 2200 Georgetown Drive, Ste 50
<input type="checkbox"/> Authorized	Boca Raton, FL 33487	<input type="checkbox"/> Authorized	Sewickley, PA 15143
Person		Person	
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Secretary	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Gary L. Hagerman	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 7777 NW Beacon Square Blvd.	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Boca Raton, FL 33487	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other CFO	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Adam S. Gusky	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 7777 NW Beacon Square Blvd.	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Boca Raton, FL 33487	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other CIO	<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

Gary L. Hagerman

Typed or printed name of signer

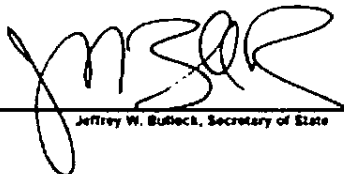
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EAST ASSET PE, 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 EIGHTEENTH DAY OF MARCH, A.D. 2024.




Jeffrey W. Bullock, Secretary of State

5730260 8300

SR# 20241049277

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

Authentication: 203052707

Date: 03-18-24