M24000011442

(Requestor's Name)
(Address)
(Address)
(111111)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(20020
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

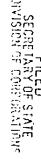




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COVER LETTER

	NSS Management Holding Company LLC	
SUBJECT: _	Name	e of Limited Liability Company
The enclosed "	Application by Foreign Limited Liability (Company for Authorization to Transact Business in Florida," Certificate
Existence, and	check are submitted to register the above i	referenced foreign limited liability company to transact business in Florid
Please return al	Il correspondence concerning this matter to	o the following:
	Thomas A. Rizk	
		Name of Person
	c/o Rizk Ventures	
		Firm/Company
	777 Yamato Road, Suite 105	
		Address
	Boca Raton, FL 33431	
	C	ity/State and Zip Code
	tom@rizkventures.com	
	E-mail address: (to be	used for future annual report notification)
For further info	ormation concerning this matter, please cal	ıl:
Stephan K. Pahides		215 328-2707
	Name of Contact Person	at () Area Code Daytime Telephone Number
	ng Address:	Street Address:
Registration Section		Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
1 4114	nassee, 11. 32314	Tallahassee. FL 32303
Engla	sed is a check for the following amount:	

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

IN COMPILANCE 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:

f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liability Compa	ny," "L.L.C," or "Ll	
Delaware 2.		87-2843924 3.		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
N/A				
 	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	registration) ne penalty liability (
777 W. Yamato Road.	Suite 105	777 W. Yamato Road, Suite 105		
eet Address of Principal Office)		6. (Mailing Address)		
Boca Raton, FL 33431		Boca Raton, FL 33431	24	
			AUG 2	
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	8 PH	
Name:	Corporation Service Company		3: 5 5	
Office Address:	1201 Hays Street			
	Tallahassee	32301 Florida		
	(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.

Jassica Blackwell Jessica Blackwell, Assistant Secretary (Registered agent's signature)

manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Geoffrey Rizk Thomas A. Rizk □Manager Name: □Manager Address: _____ W. Yamato Rd, Suite 105 570 Lexington Ave. Suite 2600 Address: □Member □Member Boca Raton, FL 33431 New York, NY 10022 **■** Authorized ■ Authorized Person Person □Other____ □ Other □Other □Other____ Name: Stephan K. Pahides □Manager □Manager Name: _____ 700 Dresher Road, Suite 150 Address: _ □Member □Member Address: _____ Horsham, PA 19044 ■ Authorized Authorized Person Person Other____ □Other_____ Other____ Other Name: □ Manager Name: □Manager □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. Nonindexed 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 Stephan K. Pahides

Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RVSS MANAGEMENT HOLDING COMPANY, 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-THIRD DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RVSS MANAGEMENT HOLDING COMPANY, LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, A.D. 2021.

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

Authentication: 204232258

Date: 08-23-24