

M24000011543

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2024 SEP -9 PM 5:48

SEP 09 2024

K. Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 09/09/24
Order #: 1618173-1
Re: PKF O'Connor Davies Advisory LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
I20000000195

Certificate of Good Standing from State of Incorporation

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the text of the enclosed items.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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. PKF O'Connor Davies Advisory 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-3231666
(FEI number, if applicable)

4. January 1, 2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 500 Mamaroneck Avenue, Suite 301
(Street Address of Principal Office)

6. 500 Mamaroneck Avenue, Suite 301
(Mailing Address)

Harrison, NY 10528

Harrison, NY 10528

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2024 SEP -9 PM 5:48
CORPORATION SERVICE COMPANY

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.
Corporation Service Company

By: Shauna Godbolt

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>Laura Barooshian</u>	<input type="checkbox"/> Manager	Name: <u>Brian Flynn</u>
<input type="checkbox"/> Member	Address: <u>150 Presidential Way, Ste 510</u>	<input type="checkbox"/> Member	Address: <u>300 Tice Blvd., Ste 315</u>
<input checked="" type="checkbox"/> Authorized	<u>Woburn, MA 01801</u>	<input checked="" type="checkbox"/> Authorized	<u>Woodcliff Lake, NJ 07677</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Henry Freire</u>	<input type="checkbox"/> Manager	Name: <u>Garrett Higgins</u>
<input type="checkbox"/> Member	Address: <u>245 Park Ave.</u>	<input type="checkbox"/> Member	Address: <u>500 Mamaroneck Ave., Ste 301</u>
<input checked="" type="checkbox"/> Authorized	<u>New York, NY 10167</u>	<input checked="" type="checkbox"/> Authorized	<u>Harrison, NY 10528</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Kevin J. Keane</u>	<input type="checkbox"/> Manager	Name: <u>Christopher Petermann</u>
<input type="checkbox"/> Member	Address: <u>500 Mamaroneck Ave., Ste 301</u>	<input type="checkbox"/> Member	Address: <u>245 Park Ave.</u>
<input checked="" type="checkbox"/> Authorized	<u>Harrison, NY 10528</u>	<input checked="" type="checkbox"/> Authorized	<u>New York, NY 10167</u>
Person	_____	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.

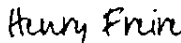
DocuSigned by:

 FE484A94C2A143A...
 Signature of an authorized person
 Henry Freire

EXHIBIT A

Additional Persons Authorized to Manage

Name	Address
David Sullivan	155 Federal St., Ste 200, Boston, MA 02110
Karen Taylor-Burke	20 Commerce Dr., Ste 301, Cranford, NJ 07016
Brian Varley	300 Tice Blvd., Ste 315, Woodcliff Lake, NJ 07677

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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: PKF O'CONNOR DAVIES ADVISORY LLC
DOS ID Number: 6299097
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 10/08/2021

Statement Status: CURRENT
Statement Due Date: 10/31/2025

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 September 06, 2024 at 08:52 A.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State