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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

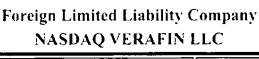
Phone : (614)280-3338 Fax Number

: (614)573-3996

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

IN COMPLIANCE WITH SECTION 665,002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L NASDAQ VERAFIN L	LC Limited Liability Company; must include "Limited				
(Name of Foreign	Limited Liability Company; must include "Limited	I Liability	Company," "L.L.C.," or "LLC.")		_
(It name unavasiable, enter alternate	name adopted for the purpose of transacting business or Flo	otida The	alternate name must include "Lamited Liability	Company," "L.L.C." or	<u></u> 11 C.")
2. Delaware Duradiction under the lew of which foreign limited hability company is organized		3. 86-1697503 (LE) number, if applicable)			
4. Upon Qualification	(Date first transacted business in Florida, if prior to	registration)	_	
	(See sections 605.0904 & (405.0905, F.S. to determi	ne penalty	liability)		
5. 151 W. 42nd Street (Street Address of Principal Office)		6,	151 W. 42nd Street, (Mailing Address)		_
New York, NY 10036	<u></u>		New York, NY 10036		_
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)	2024 DEC	_
Name:	C T Corporation System	,		DEC -3	
Office Address:	1200 South Pine Island Road			ST.S	
	Plantation (City)		. Florida 33324 (Zip code)	PH 2: 00	

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: Sherry McGinnes, Assistant Secretary

Showy metimes

(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]:

Fitle or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
X :Manager	Name: Nasdaq, Inc	□Manager	Name: Sa	rah Youngwood
□Member	Address: 151 W. 42nd Street	□Member	Address: 15	51 W. 42nd Street
□Authorized	New York, NY 10036	□Authorized	No	ew York, NY 10036
Person		Person		
Other	Other	☑Other Chief Fina	ncial Offic	er Other
□Manager	Name: Bradley J. Peterson	□Manager	Name: Mi	chelle L. Daly
□Member	Address: 151 W. 42nd Street	□Member	Address: 15	W. 42nd Street
□Authorized	New York, NY 10036	□Authorized	Ne	w York, NY 10036
Person		Person		
xOther_Preside	nt Other	TOther Vice Pro	sident	□Other
□Manager	Name:Jeremy Skule	□Manager	Name: Da	na Laidhold
□Member	Address: 151 W. 42nd Street	□Member	Address: <u>15</u>	1 W. 42nd Street
□Authorized	New York, NY 10036	□Authorized	Ne	w York, NY 10036
Person		Person		
NotherVice P			dent	MOther_ Treasurer

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

Bocusigned by artifect of	State constitutes a third degree telony as provided i	or in \$.817.
	Signature of an authorized person	
9F7B0152EA284ED	Marc Samuel Typed or printed name of signee	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "NASDAQ VERAFIN 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2024.

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

Authentication: 204872225

Date: 11-14-24