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(Requestor's Name)

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(City/State/Zip/Phone #)

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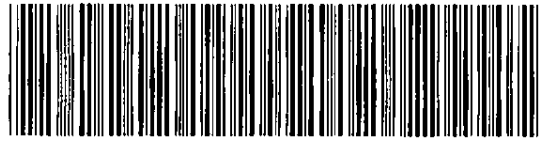
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INFORMA TECH MMS (US) 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:

PATRICIA PETER

Name of Person

INFORMA

Firm/Company

605 3RD AVENUE, 22ND FL

Address

NEW YORK, NY 10158

City/State and Zip Code

PATTY.PETER@INFORMA.COM

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

For further information concerning this matter, please call:

PATRICIA PETER

212 at ()

600 3731

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2024

PATRICIA PETER
605 3 AVE 22 FL
NEW YORK, NY 10158

SUBJECT: INFORMA TECH MMS (US) LLC
Ref. Number: W24000163554

We have received your document for INFORMA TECH MMS (US) LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 924A00027039

RECEIVED

JAN 24 2025

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. INFORMA TECH MMS (US) 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. COLORADO 3. 84-0922160
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 301 N. CATTLEMEN ROAD, STE. 301 6. 301 N. CATTLEMEN ROAD, STE. 301
(Street Address of Principal Office) (Mailing Address)
SARASOTA, FL 34232 SARASOTA, FL 34232

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)

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.

Christa Day
(Registered agent's signature)

2025 JUN 24 PM 4:07

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: GARY NUGENT

☐ Member Address: 240 BLACKFRIARS ROAD

☐ Authorized LONDON SE1 8BU, UK

Person _____

☒ Other PRESIDENT ☒ Other CEO

☒ Manager Name: SHEIKH SHAGHAF

☐ Member Address: 605 3RD AVENUE, 22ND FL

☐ Authorized NEW YORK, NY 10158

Person _____

☒ Other VP ☒ Other ASSISTANT SECRETARY

☐ Manager Name: KERI PINZONE

☐ Member Address: 1983 MARCUS AVENUE

☐ Authorized SUITE 250

Person NEW HYDE PARK, NY 11041

☒ Other TAX DIRECTOR ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: BRIAN VASANDANI

☐ Member Address: 605 3RD AVENUE, 22ND FL

☐ Authorized NEW YORK, NY 10158

Person _____

☒ Other VP ☒ Other SECRETARY

☐ Manager Name: PATRICIA PETER

☐ Member Address: 605 3RD AVENUE, 22ND FL

☐ Authorized NEW YORK, NY 10158

Person _____

☒ Other ASSISTANT SECRETARY ☐ Other _____

☐ Manager Name: MARC LEVINE

☐ Member Address: 301 N. CATTLEMEN ROAD

☐ Authorized STE. 301

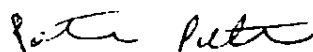
Person SARASOTA, FL 34232

☒ Other VP OF TAX ☐ 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

PATRICIA PETER

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Informa Tech MMS (US) LLC

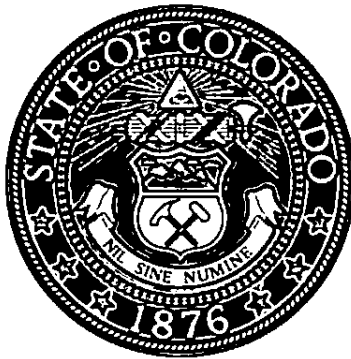
is a

Limited Liability Company

formed or registered on 09/26/1983 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871539397 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/16/2025 that have been posted, and by documents delivered to this office electronically through 01/17/2025 @ 09:28:10 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/17/2025 @ 09:28:10 in accordance with applicable law. This certificate is assigned Confirmation Number 16906756 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria> do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."