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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INFORMA MARKETS HOLDINGS 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

1983 MARCUS AVENUE, STE. 250

Address

NEW HYDE PARK, NY 11042

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

600-3731

at ()

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
1983 MARCUS AVE STE 250
NEW HYDE PARK, NY 11042

SUBJECT: INFORMA MARKETS HOLDINGS LLC
Ref. Number: W24000163559

We have received your document for INFORMA MARKETS HOLDINGS 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: 224A00027040

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 MARKETS HOLDINGS 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. 51-0379135

(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. 1983 Marcus Avenue, Ste. 250

(Street Address of Principal Office)

6. 1983 Marcus Avenue, Ste. 250

(Mailing Address)

New Hyde Park, NY 11042

New Hyde Park, NY 11042

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.

Corporation Service Company

By: Christa Day
(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 checked="" type="checkbox"/> Manager	Name: Patrick Martell	<input checked="" type="checkbox"/> Manager	Name: Brian Vasandani
<input type="checkbox"/> Member	Address: 5 Howick Place	<input type="checkbox"/> Member	Address: 605 3rd Avenue, 22nd FL
<input type="checkbox"/> Authorized	London SW1G1WP, UK	<input type="checkbox"/> Authorized	New York, NY 10158
Person		Person	
<input checked="" type="checkbox"/> Other President	<input checked="" type="checkbox"/> Other CEO	<input checked="" type="checkbox"/> Other VP	<input checked="" type="checkbox"/> Other Secretary
<input checked="" type="checkbox"/> Manager	Name: Sheikh Shaghaf	<input type="checkbox"/> Manager	Name: Keri Pinzone
<input type="checkbox"/> Member	Address: 605 3rd Avenue, 22nd FL	<input type="checkbox"/> Member	Address: 1983 Marcus Avenue
<input type="checkbox"/> Authorized	New York, NY 10158	<input type="checkbox"/> Authorized	STE. 250
Person		Person	New Hyde Park, NY 11042
<input checked="" type="checkbox"/> Other VP	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other TAX DIRECTOR	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: MARC LEVINE	<input type="checkbox"/> Manager	Name: PATRICIA PETER
<input type="checkbox"/> Member	Address: 301 N. CATTLEMEN RD.	<input type="checkbox"/> Member	Address: 1983 MARCUS AVE.
<input type="checkbox"/> Authorized	STE. 301	<input type="checkbox"/> Authorized	STE. 250
Person	SARASOTA, FL 34232	Person	NEW HYDE PARK, NY 11042
<input checked="" type="checkbox"/> Other VP OF TAX	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other ASSIST. SEC.	<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

PATRICIA PETER


Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INFORMA MARKETS HOLDINGS 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 FIFTEENTH DAY OF JANUARY, A.D. 2025.


Jeffrey W. Bullock, Secretary of State

2834715 8300

SR# 20250145030

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

Authentication: 202706100

Date: 01-15-25