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T. LEMIEUX

JAN 29 2023

COVER LETTER

TO:	Registration Section Division of Corporations	
cup II	INFORMA MARKETS INVE	STMENTS LLC
SUBJI	SCI:	Name of Limited Liability Company
The en Exister	closed "Application by Foreign Limitonce, and check are submitted to registe	ed Liability Company for Authorization to Transact Business in Florida," Certificate of er 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 AVENU	E, STE. 250
		Address
	NEW HYDE PARK, NY	11042
		City/State and Zip Code
	PATTY.PETER@INFOR	RMA.COM
	E-mail ac	dress: (to be used for future annual report notification)
For fur	ther information concerning this matte	er, please call:
	PATRICIA PETER	212 600-3731
	Name of Contact F	
	≘ \$125.00 Filing Fee □ \$130.	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Ing amount: DRIDA DEPARTMENT OF STATE 00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy



December 12, 2024

PATRICIA PETER 1983 MARCUS AVE STE 250 NEW HYDE PARK, NY 11042

SUBJECT: INFORMA MARKETS INVESTMENTS LLC

Ref. Number: W24000163562

We have received your document for INFORMA MARKETS INVESTMENTS 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: 324A00027040

RECEIVED
JAN 24 2025

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 ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Bille with thind pie, either alteriante .	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability	Company," "L.L.C."
DELAWARE		76-0809388	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if a	pplicable)
	(Date first transacted business in Florida, if prior to r	egistration)	-
1983 Marcus Avenue	(See sections 605,0904 & 605,0905, F.S. to determine). Ste. 250	1983 Marcus Avenue, Ste. 25 6. (Mailing Address)	0
t Address of Principal Office)		(Mailing Address)	
New Hyde Park, NY	11042	New Hyde Park, NY 11042	
Jame and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2025
Name and <u>street addres</u> Name:	Sof Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)	2025 37 11 2
		NOT acceptable)	2012 J. 11 24 PH
Name:	Corporation Service Company	NOT acceptable) 32301 Florida	2025 J. 11 24 PH 3: 59

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Brian Vasandani Name: Patrick Martell ■Manager Name: ■Manager 5 Howick Place Address: 605 3rd Avenue, 22ND FL Address: □Member □Member London SW1P1WG, UK New York, NY 10158 Authorized □ Authorized Person Person ■Other_VP Other____ President Other Name: Sheikh Shaghaf □Manager ■Manager Address: _____ Address: _____ □ Member □ Member STE. 250 New York, NY 10158 □ Authorized □ Authorized New Hyde Park, NY 11042 Person Person TAX DIRECTOR □Other____ Other____ Other Patricia Peter Name: Marc Levine □Manager □Manager 1983 Marcus Avenue 301 N. Cattlemen Road □Member □ Member STE. 250 STE. 301 □ Authorized □ Authorized New Hyde Park, NY 11042 SARASOTA, FL 34232 Person Person ■Other____ASSIST. SEC. VP OF TAX □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

Typed or printed name of signee

Peter Meter

PATRICIA PETER

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INFORMA MARKETS INVESTMENTS 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.

at corp.delaware.gov/au

Authentication: 202706103

Date: 01-15-25

4064532 8300

SR# 20250145106