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Florida Department of State  
Division of Corporations  
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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.\*\*

Email Address: llocher@jsoros.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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Foreign Limited Liability Company  
DJ Thank You LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

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. DJ Thank You LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. 10/12/2025  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 888 Seventh Ave  
(Street Address of Principal Office)
6. Same as street address  
(Mailing Address)
- New York, NY 10106

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.

By: Sandra Zujal  
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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]:

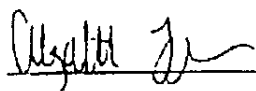
| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>       | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>       |
|------------------------------------------------|--------------------------------|------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager               | Name: Elizabeth Locher         | <input type="checkbox"/> Manager               | Name: Randi Sanders            |
| <input type="checkbox"/> Member                | Address: 888 Seventh Ave       | <input type="checkbox"/> Member                | Address: 888 Seventh Ave       |
| <input checked="" type="checkbox"/> Authorized | New York, NY 10106             | <input checked="" type="checkbox"/> Authorized | New York, NY 10106             |
| Person                                         |                                | Person                                         |                                |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager               | Name: Shelly Grace             | <input type="checkbox"/> Manager               | Name:                          |
| <input type="checkbox"/> Member                | Address: 888 Seventh Ave       | <input type="checkbox"/> Member                | Address:                       |
| <input checked="" type="checkbox"/> Authorized | New York, NY 10106             | <input type="checkbox"/> Authorized            |                                |
| Person                                         |                                | Person                                         |                                |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager               | Name:                          | <input type="checkbox"/> Manager               | Name:                          |
| <input type="checkbox"/> Member                | Address:                       | <input type="checkbox"/> Member                | Address:                       |
| <input type="checkbox"/> Authorized            |                                | <input type="checkbox"/> Authorized            |                                |
| Person                                         |                                | Person                                         |                                |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |

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**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 505.0203 (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  
 Elizabeth Locher  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

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The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DJ THANK YOU 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 SECOND DAY OF OCTOBER, A.D. 2025.

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

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TALLAHASSEE, FLORIDA



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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204926022

Date: 10-02-25