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To:

Division of Corporations

Fax Number

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 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: finance@caisgroup.com

Foreign Limited Liability Company CAPITAL INTEGRATION SYSTEMS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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Help

From: Jennifer Carey

DocuSign Envelope ID. 1EA64C55-A266-494D-BD95-DB5579495DAA

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

IN COMPLIANCE WITH SECTION 405.0AC, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN. UNITED DABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. (Name of Foreign	Finited Fighthy Company, must include "Finites	Milidai.Th	y Company, "T.T.C.," or "E.F.C.")	
lf name maxadable, enter alternate i	name adopted for the purpose of transacting bijoiness in $\mathcal E$	orida Uha	alternate name must include "I initial Liability C	Company," "Fill C," or "Et C,"
Delaware		,	27-1330236	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	3,	(FFT number, if ap	plicapier
04/01/2023 L				
	(Date that transacted business in Florida, P prior to USer sections 605 (904 & 605,0905, F.S. to determine	registratio ne penalty	r , Isabilny t	-
527 Madison Avenue		6.	527 Madison Avenue	7.
street Address of Principal (htticz)		ь.	Mailing Address	7
2nd Floor			2nd Floor	
New York, NY 10022			New York, NY 10022	'
. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	
Name:	C T Corporation System			
Office Address:	1209 South Pine Island Road			
	Plantation		33324 . Florida	
	(City)		(Ap 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.

CT Corporation System:

By: SEAN L. EMERICK, ASSISTANT SECRETARY

Registered agont's signature:

From: Jennifer Carey

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:	Title or Capacity:	Name and Address:
_Manager	Name: Matthew Brown	_Manager	Name: Tim Shannon
□ Member	Address: 527 Madison Avenue, 2nd Floor, New York, NY	□Member	Address: 527 Madison Avenue, 2nd Floor, New York, NY 10022
Authorized	10022	☐ Authorized	
Person		Person	
$\mathbf{X}^{\mathrm{Other}}$ Directo	Of	NOther_Directo	T Other
∐ Manager	Milton Berlinski Name:	∐Manager	Name:
□ Member	Address: 590 Madison Avenue.	□Member	Address: 600 Steamboat-Road.
-Authorized	New York, NY 10022	-Authorized	Greenwich, CT (06830
Person		Person	
X OtherDirecto	r	∏OtherDirector	
□ Manager	Todd Gilbert,	□Manager	Andrew Gosden Name:
- _{Member}	Address: 600 Steamboat Road,	- _{Member}	Address: 9 West 57th Street, 42nd Floor, New York, NY 10019
Authorized	Greenwich, CT 06830	Authorized	Ploor, New York, NY 1001
Person		Person	
XOther_Directo	r ()ther	XlOther_ Director	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 \$.817.155, F.S.

	Michael Riduman
Si	ignature of an amberized person
	Michael Richman
	typed or printed name of signee

To: . Page: 6 of 7 2023-03-15 10:44:48 EDT 15185141282 From: Jennifer Carey

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Attachment for Board of Directors: Capital Integration Systems LLC

:	•	٠		:
:	Blythe Masters, Motive Partners	Oirector -	250 Greenwich Street, FL47, World Trade Center, New York, NY 10007	!
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	:
	Neal Pawar, Qontigo	Director	17 State Street, Suite 2700, New York, NY 10004	:
į				÷
:	Andrew Putterman, 1812 Park, LLC	Director	5001 Wilson Lane, Third Floor, Bethesda, Maryland 20814	





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From: Jennifer Carey

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

DELAWARE, DO HEREBY CERTIFY "CAPITAL INTEGRATION SYSTEMS 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 NINTH DAY OF MARCH, A.D. 2023.

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



Authentication: 202875087

Date: 03-09-23

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