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FOREIGN LLC

SNAP TPA LLC

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**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. Snap TPA 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. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 12/01/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 174 Nassau St
(Street Address of Principal Office)

Suite 305

Princeton, NJ 08542

6. 174 Nassau St
(Mailing Address)

Suite 305

Princeton, NJ 08542

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

Name: Denise Herrick

Office Address: 595 Hollow Ridge Rd

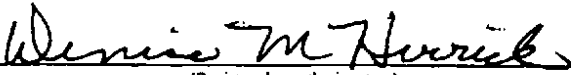
Palm Harbor, Florida 34683

(City) (Zip code)

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AND
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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.


(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]:

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

☐ Manager Name: DRP Associates LLC

☒ Member Address: 725 Belvidere Ave

☐ Authorized Westfield, NJ 07090

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Kosh Capital LLC

☒ Member Address: 407 Park Ave S. Apt. 14E

☐ Authorized New York, NY 10016

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: William G Parker

☐ Member Address: 174 Nassau St, Suite 305

☐ Authorized Princeton, NJ 08542

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Fiduciary Plan Partners LLC

☒ Member Address: 579 Raritan Rd # 206

☐ Authorized Roselle, NJ 07203

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: WG Parker Trading LLC

☒ Member Address: 44 Brook Ter

☐ Authorized Wayne, NJ 07470

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ 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.

William G. Parker
W. G. Parker (2011-12-12 12:55)

Signature of an authorized person

William G Parker

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

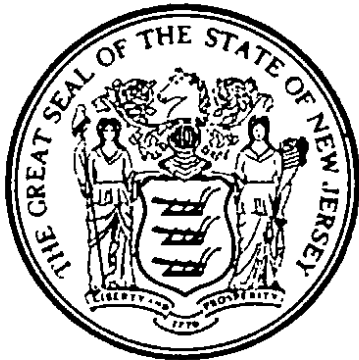
SNAP TPA LLC
0450530173

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 18, 2020.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**WILLIAM G PARKER
44 BROOK TERR
WAYNE, NJ 07470**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
15th day of November, 2023*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6148382705

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp