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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

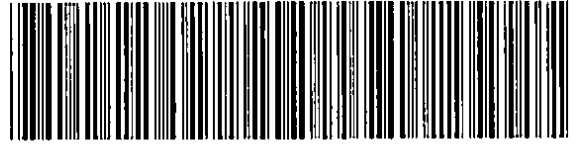
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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K. SALY

APR 18 2019

FILE 2ND

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 725785 4301677
AUTHORIZATION : *Lydia Cohen*
COST LIMIT : \$ 125.00

ORDER DATE : April 12, 2019
ORDER TIME : 2:31 PM
ORDER NO. : 725785-080
CUSTOMER NO: 4301677

FOREIGN FILINGS

NAME: ENCORE MANAGEMENT GROUP OF
FLORIDA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Encore Management Group of Florida 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:

Bryan R. Joggerst, Esq.

Name of Person

Morrison Cohen, LLP

Firm/Company

909 3rd Avenue

Address

New York, New York 10022

City/State and Zip Code

bjoggerst@morrisoncohen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan R. Joggerst, Esq.

212

735-8656

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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. Encore Management Group of Florida 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. (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. 90 East Ave (Street Address of Principal Office)
6. 90 East Ave (Mailing Address)
Saratoga Springs, NY 12866 Saratoga Springs, NY 12866

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)

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TALLAHASSEE, FLORIDA

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: Corporation Service Company
(Registered agent's signature)

Lydia Cohen
Asst. Vice President

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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]:

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

Manager Name: Ted Sprinkle,
 Member Address: 90 East Ave
 Authorized Saratoga Springs, NY 12866
Person _____
 Other COO Other CEO/PRESIDENT

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

Manager Name: Tim O'Connor,
 Member Address: 90 East Ave
 Authorized Saratoga Springs, NY 12866
Person _____
 Other CFO Other _____

Manager Name: Lance Sprinkle
 Member Address: 90 East Ave
 Authorized Saratoga Springs, NY 12866
Person _____
 Other COO Other _____

Manager Name: Francis R. Iler III
 Member Address: 90 East Ave
 Authorized Saratoga Springs, NY 12866
Person _____
 Other VICE PRESIDENT Other _____

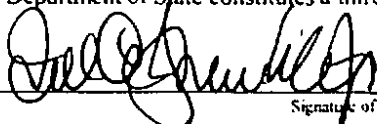
Manager Name: Jon Canarick
 Member Address: 183 East Putnam Avenue
 Authorized Greenwich, CT 06830
Person _____
 Other VICE PRESIDENT Other _____

Manager Name: David Weston
 Member Address: 183 East Putnam Avenue
 Authorized Greenwich, CT 06830
Person _____
 Other VICE PRESIDENT 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

Ted Sprinkle, Chief Executive Officer

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 "ENCORE MANAGEMENT GROUP OF FLORIDA 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 APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENCORE MANAGEMENT GROUP OF FLORIDA LLC" WAS FORMED ON THE FIFTEENTH DAY OF APRIL, A.D. 2019.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED




Jeffrey W. Bullock, Secretary of State

7374352 8300

SR# 20192834327

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

Authentication: 202643793

Date: 04-15-19