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SECRETARY OF STATE
TALLAHASSEE, FLORID.

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#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

		_		-	ity company to transact business in Flor	iua.
'lease return all	l correspondent	ce concerning this mat	ter to the	following:		
	,	Lauren Gonz	aleZ			
			Na	ame of Person		
	1	Droga 5, LLC				
•	<del> </del>	Droga 5, LLC	Fi	rm/Company		
				•		
		O Wall Stree		Address		
				<b></b>		
	Nen	York, Ny	<u>/ /</u>	<u>0005</u>		
•	LG	onzalez @ Dr	09a5.	COM		
	* , , ,	E-mail address:	(to be used	i for future annual report notif	fication)	
or further info	rmation concer	ning this matter, pleas	e call:			
	Lauren	Gonzalez		_ at ( <u>917</u> <u>Azea Code</u> ) <u>&amp; 3</u>	7-6850	
		ne of Contact Person		Area Code I	Daytime Telephone Number	
	ING ADDRES	ss.	STREE	ET ADDRESS:		
MAIL				n of Corporations		
	on of Corporati	0112				
Divisio	on of Corporation ration	ons		ation Section		
Divisio Registr P.O. B	ration Section ox 6327		Clifton	Building		
Divisio Registr P.O. B	ration Section		Clifton 2661 Ex	Building xecutive Center Circle		
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Divisio Regista P.O. B Tallaha	ration Section lox 6327 assee, FL 3231	4	Clifton 2661 Ex Tallaha	Building xecutive Center Circle		
Divisio Registr P.O. B Tallaha Enclosed is a	ration Section lox 6327 assee, FL 3231	4 e following amou	Clifton 2661 Ex Tallahas	Building xecutive Center Circle	□ \$160.00 Filing Fee, Certificate	

### 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: Droga 5, LLC
(Mame 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.") Delaware (Jurisdiction under the law of which foreign limited liability upon qualification (Date first transacted business in Florida, if prior to registration.) (Dec sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 120 Wall Street 1/m floor New York, NY 10005
(Street Address of Principal Office) (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/20 e: Judd Merkel, Global CFO 120 Wall Street 11th floor New York, NY 10005 8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.) Judd Mer Kel

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability Company is:  Droga 5, LLC	
If unavailable,	the alternate to be used in the state of Florida is:	
2. The name a	nd the Florida street address of the registered agent and office are	Y.
	Corporation Service Company	TAL SE
	(Name) 1201 Hays Street	NOV 2
	Plorida Street Address (P.O. Box NOT ACCEPTABLE)	SEE, F
	Talahasee FL 32301 City/State/Zip	AH 8: 00  Y OF STATE SEELFLURIDA
*		

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Brandy Vendrich 11-11-14 Asst Vf

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## Delaware

DAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "DROGAS, 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 TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2014.

14 NOV 25 AM 8: 00
SECRETARY OF STATE

5355772 8300

141327958

You may vorify this certificate online at corp. delawar. gov/authver. shiml

AUTHENTY CATION: 1818029

DATE: 10-28-14