# #11/5000005358

| (Req                                    | uestor's Name)   |             |  |  |
|---|------------------|-------------|--|--|
| (Add                                    | ress)            |             |  |  |
| bbA)                                    | ress)            |             |  |  |
| (City                                   | /State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | WAIT             | MAIL        |  |  |
| (Bus                                    | iness Entity Nan | ne)         |  |  |
| (Document Number)                       |                  |             |  |  |
| Certified Copies                        | Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |

Office Use Only



800274418258



BEBARTMERT OF STATE

K.SALY EXAMINER JUL - 9 2015 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 699288

AUTHORIZATION : Smell ble

COST LIMIT : \$ 1/60...00

ORDER DATE : July 7, 2015

ORDER TIME : 11:56 AM

ORDER NO. : 699288-005

CUSTOMER NO: 8037497

#### FOREIGN FILINGS

NAME: FTTD LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

8037497

### COVER LETTER

| Division of Co                                    | Section<br>Orporations   |   | r<br>r   |
|---|--|---|--|
| SUBJECT:  | FTTD   | LIC   | ·  |
|   | Name of  | Limited Liability Company   |  |
| The enclosed "Applicat<br>Existence, and check ar | ion by Foreign Limited Liability Con<br>e submitted to register the above refe | pany for Authorization to Tra<br>renced foreign limited liability | nsact Business in Florida," Certificate o<br>company to transact business in Florida |
| Please return all corresp                         | condence concerning this matter to the   | e following:  | ,  |
|   | Daver Za   | alic  | · ·  |
|   |  | Name of Person  |  |
|   | M-FTTD   | LLC   |  |
|   |  | Firm/Company  |  |
|   | 1800 F.F   | th 3+.  | Ste 200-P2   |
| <del></del>                                       |  | Address   | :  |
|   | Miami Bear   | ch, FZ  | 33139  |
|   | City/  | State and Zip Code  |  |
|   |  | gamail.   |  |
|   | E-mail address: (to be us  | ed for future annual report no                                    | ification)   |
| For further information                           | concerning this matter, please call:   |   |  |
| $\underline{\hspace{1cm}}$                        | VOC LGGIC<br>Name of Contact Person  | _ <u>=(305)</u> 8   | time Telephone Number  |
|   | Name of Contact Person   | Area Code Day   | time receptione Number   |
| MAILING A   |  |   | ADDRESS:   |
| Division of Co                                    |  |   | of Corporations ion Section  |
| Registration S<br>P.O. Box 6321                   |  | Clifton E   |  |
| Tallahassee, F                                    |  | 2661 Ex   | ecutive Center Circle<br>see, FL 32301   |
| Enclosed is a check for                           | the following amount:  |   |  |
| □ \$125.00 Fi                                     | ling Fee \$\ \times \$130.00 \text{ Filing Fee & Certificate of Status}        | ☐ \$155.00 Filing Fee &<br>Certified Copy                         | M \$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 SE<br>COMPANY TO TRANSACTE                | ICTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FU<br>BUSINESS IN THE STATE OF FLORIDA:  | OREIGN LIMITED LIABILITY                          |
|--|--|---|
| FITD   | 11/  |   |
| (Name of Fo  | reign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I   | LC.")   |
|  |  |   |
| (If name unavailable, enter<br>Liability Company," LLC       | alternate name adopted for the purpose of transacting business in Florida. The alternate name  | must include "Limited                             |
| 2 1)elawa  |  | ·   |
| (Jurisdiction under the lay<br>company is organized)         | w of which foreign limited liability (FEI number, if applicable)   |   |
| 4  | N/A  |   |
|  | (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)   | ·   |
| 5. 1800  | Fifth St. Ste 200-12   |   |
| Miami  | Dagel E/ 33139   |   |
| 1 (140-0)  | (Street Address of Principal Office)   | F. 57   |
| 6  |  |   |
|  | •  | AST &   |
|  | (Mailing Address)  | SERVE   |
| 7. Name and street addre                                     | ss of Florida registered agent: (P.O. Box NOT acceptable)  | HO OF STATE                                       |
| ,                      | Corporation Service Company  | 920   |
| Name:  | 4204 Linux Charl   | Ora F   |
| Office Address:  | 1201 Hays Street   |   |
|  | Tallahassee , Florida 32301  |   |
| Registered agent's accep                                     | (City) (Zip code)  |   |
| Having been named as re                                      | gistered agent and to accept service of process for the above stated corporation at  |   |
| this application, I nerety with the provisions of all.       | accept the appointment as registered agent and agree to act in this capacity. I fur<br>statutes relative to the proper and complete performance of my duties, and I am fo  | ther agree to comply ;<br>amiliar with and accept |
| the obligations of my posi                                   | tion as registered agent. Corporation Service Company  |   |
|  | By Jung So Jeremy Seims Asst. 1/2.   | •   |
|  | (Registered agent's signature)   |   |
| 8. The name, title or capa                                   | city and address of the person(s) who has/have authority to manage is/are:   |   |
| 73v! M-7   | -IID LLC, Managina Member  |   |
| 7 By:  | Davor Zgalic Managing Mcm.   | Lec   |
| Address for both: 10   | 000 Fifth St. Suite 200-PZ, Miami Beach, EL 33/39  | <u> </u>  |
| ridaress for year. Fe  | ooo i mii ot. sake 200 i 2, i maini seatii, as sgas  | <del></del>                                       |
| Attached is a certificate                                    | of existence, no more than 90 days old, duly authenticated by the official having cus  | stody of records in the                           |
| urisdiction under the law of the translator must be su       | of which it is organized. (If the certificate is in a foreign language, a translation of the   | e certificate under oath                          |
| ,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>                 | Varaz (ante)   |   |
|  | Signature of an authorizest person   |   |
|  | COS 0000 F.S. the exemption of this document appring a continue of the continu |   |
| In accordance with section<br>see facts stated herein are tr | 605.0203, F.S., the execution of this document constitutes an affirmation under the ue. I am aware that any false information submitted in a document to the Department of the | penalties of perjury that                         |
| egree felony as provided for                                 | or in s.817.155 <del>, F.S.)</del>   | mer communica a mild                              |
|  | lavor Calle  |   |
| -  | Typed or printed name of signe   |   |

# Delaware

PAGE 1

## The First State

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

DELAWARE, DO HEREBY CERTIFY "FTTD 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 SEVENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FTTD LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

ZIIS JUL -8 AM D: 04
SECRETARY OF STATE
SECRETARY OF STATE

5749213 8300

151020581

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 2534110

DATE: 07-07-15

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