0036974

| (Ře | equestor's Name) | | |
|---|--------------------|-------------|--|
| (Ac | ldress) | | |
| (Ac | idress) | | |
| (Cit | ty/State/Zip/Phone | · #) | |
| PICK-UP | WAIT | MAIL | |
| , (Ви | isiness Entity Nam | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



800324300608

19 FEB -8 FH 3: 53

2019 JAN 11 AM11: 24

FEB 1 4 2019

< Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Roxanne Turner - EXT.

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 625558 5141221 AUTHORIZATION : COST LIMIT : ORDER DATE: February 8, 2019 ORDER TIME : 3:16 PM ORDER NO. : 625558-010 CUSTOMER NO: 5141221 ***3 COPIES INCLUDED*** DOMESTIC FILING 1ST COPY- FOR YOUR USE FOR NT HOLDINGS LLC NAME: SCANNING 2ND COPY- RETURN TO US WITH ACKNOWLEDGMENT LETTER EFFECTIVE DATE: 3RD COPY- SEND TO APOSTILLE SECTION WITH ATTACHED COVER LETTER ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ___ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY ___ PLAIN STAMPED COPY XX ____ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

ARTICLES OF DOMESTICATION

| In acco | rdance with 605.1055, Florida Statutes, the Articles of Domestication are submitted for filing: |
|---------|--|
| ١. | The date on which the entity was first formed was: DECEMBER 14, 2007 |
| 2. | The name of the entity immediately prior to the filing of the Articles of Domestication was: |
| | NT HOLDINGS LIMITED |
| 3. | Attached are Florida Articles of Organization to complete the domestication requirements pursuant to s. 605.0201. |
| 4. | The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the entity or any other equivalent jurisdiction under applicable law, immediately before the filing of the Articles of Domestication was: REPUBLIC OF CYPRUS |
| 5. | The domestication has been approved in accordance with the laws of the jurisdiction of formation of the domesticating entity. |
| | I am authorized to sign these Articles of Domestication of behalf of the entity. Authorized Signature |
| 6. | Attached is a certificate of status or equivalent document, if any, from the domesticating jurisdiction of formation, pursuant to s. 605.1055 (3). Florida Statutes. |

CR2E143 (3/17)

TALLANDE OF STATE

REPUBLIC

O

The Registrar

HE 215944

MINISTRY OF ENERGY, COMMERCE, INDUSTRY AND TOURISM DEPARTMENT, OF REGISTRAR OF COMPANIES AND OFFICIAL RECEIVER NICOSIA

11 April, 2018

CERTIFICATE

MT HOLDINGS LIMITED

It is hereby certified that, in accordance with the records kept by this Department, the above Company was registered on the 14 December, 2007 and is still on our Registry.

INERE ATHARASIADOU

for Registrar of Companies



There have been changes of the name

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| NT Holdings USA I | LLC | | |
|--|---|--|--|
| (Must c | ontain the words "Limited Liabil | ity Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Addres The mailing address an | · · · · · | cipal office of the Limited Liability Company is | |
| Principal Office Address: | | Mailing Address: | |
| 888 Biscayne Blvd. | | 888 Biscayne Blvd. | |
| Suite 301 | | Suite 301 | |
| Miami, FL 33132 | | Miami, FL 33132 | |
| | tered Agent. Registered (| | |
| ARTICLE III - Regist (The Limited Liability Comp business entity with an activ | oany cannot serve as its own Reg | Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another | |
| ARTICLE III - Regist (The Limited Liability Comp business entity with an activ | cany cannot serve as its own Reg e Florida registration.) | Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another | |
| ARTICLE III - Regist (The Limited Liability Comp business entity with an activ | cany cannot serve as its own Regree Florida registration.) da street address of the reg Randall Freed | Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another | |
| ARTICLE III - Regist (The Limited Liability Comp business entity with an activ | cany cannot serve as its own Regree Florida registration.) da street address of the reg Randall Freed | Office, & Registered Agent's Signature: istered Agent. You must designate an individual or anothe istered agent are: | |
| ARTICLE III - Regist (The Limited Liability Comp business entity with an activ | cannot serve as its own Regree Florida registration.) da street address of the reg Randall Freed 888 Biscayne Blvd | Office, & Registered Agent's Signature: istered Agent. You must designate an individual or anothe istered agent are: | |
| ARTICLE III - Regist (The Limited Liability Compusiness entity with an activ | cannot serve as its own Regree Florida registration.) da street address of the reg Randall Freed 888 Biscayne Blvd | Office, & Registered Agent's Signature: istered Agent. You must designate an individual or anothe istered agent are: Value Val | |

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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | |
|--|--|--|
| "MGR" = Manager MGR | IAN KAPLAN | |
| MGR | 305 N. Hibiscus Drive | |
| | Miami Beach, FL 33139 | |
| | MORTON KAPLAN | |
| | 720 NE 69th Street, PH N/S | |
| | Miami, FL 33138 | |
| MGR | HOWARD KAPLAN | |
| | 20023 NE 19th Place | |
| | North Miami Beach, Fl. 33179 | |
| | | |
| | | |
| | , | |
| (Use attachment if necessary) | | |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be days after the date of filing.) | e date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 calendar | |
| ARTICLE VI: Other provisions, if any. | | |
| | | |
| | | |
| | | |
| (| signature of a member of an authorized representative | |
| that the facts stated herein are true. I am aware that | atures, the execution of this document constitutes an affirmation under the penalties of perjury any false information submitted in a document to the Department of State constitutes a third ree felony as provided for in s.817.155, F.S.) | |
| IAN KAPLAN | | |
| · | Typed or printed name of signee | |