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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 |
| Special Instructions to Filing Officer: |
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UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528 P HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

| CLUDVIOLC | | November 15, 2007 |
|---|----|---|
| SERVICES NYL | | ORPORATION NAME (S) AND DOCUMENT NUMBER (S); |
| | | 7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. |
| Filing Evidence ☑ Plain/Confirmation Cop | ру | Type of Document ☐ Certificate of Status |
| □ Certified Copy | | ☐ Certificate of Good Standing |
| | | □ Articles Only |
| Retrieval Request Dhotocopy | | □ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate |
| □ Certified Copy | | □ Other |
| NEW FILINGS | | AMENDMENTS |
| Profit | | Amendment |
| Non Profit | | Resignation of RA Officer/Director |
| Limited Liability | | Change of Registered Agent |
| Domestication | | Dissolution/Withdrawal |
| Other | | Merger |
| | | |
| OTHER FILINGS | | REGISTRATION/QUALIFICATION |
| Annual Reports | | Foreign |
| Fictitious Name | X | Limited Liability |
| Name Reservation | | Reinstatement |
| Reinstatement | | Trademark |
| | | |

Other

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| LIM | LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | | | |
|-------------|--|--|--|--|
| 1. | NYL HOLDINGS, LLC | | | |
| | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | | | |
| con | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability npany," "L.L.C.," "LLC.") | | | |
| 2.1 | New York 3. 26-0440220 | | | |
| | furisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized) | | | |
| 4. | May 4, 2007 5. Perpetual 2007 | | | |
| | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") | | | |
| 6. | Upon Qualification | | | |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | | | |
| 7. , | 99 West Hawthorne Avenue, Suite 200, Valley Stream, New York, New York 11580 | | | |
| | ORICE OF | | | |
| | (Street Address of Principal Office) | | | |
| 8. | If limited liability company is a manager-managed company, check here 🔽 | | | |
| 9. ' | The name and usual business addresses of the managing members or managers are as follows: | | | |
| | W Time Management LLC, 99 West Hawthorne Avenue, Suite 200, Valley Stream, New York, New York | | | |
| | 11580 | | | |
| | | | | |
| | | | | |
| thej | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in urisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.) | | | |
| 11. | Nature of business or purposes to be conducted or promoted in Florida: Administrative support for | | | |
| ŀ | Headquarters office located in New York. | | | |
| - | John Valit | | | |
| | Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | | | |
| | Andrew Neckowitz, Manager of W Time Management LLC | | | |

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| If name unavailable, the alternate name to be used in the state of Florida is: | | | | |
|--|--------------------------------|---|--|--|
| 2. The name | and the Florida street address | of the registered agent and office are: | | |
| | NRAI Services, Inc. | Olema | | |
| | 2731 Executive Park Drive, S | (Name) Suite 4 | | |
| | Florida Street Ad | dress (P.O. Box <u>NOT</u> ACCEPTABLE) | | |
| | Weston | FL 33331 | | |
| | Weston | FL 33331 City/State/Zip | | |

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 608, Florida Statutes. NRAI Services, Inc.

By: Michael Downs (Signature)

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

State of New York Department of State } ss:

I hereby certify, that NYL HOLDINGS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/04/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 14th day of November two thousand and seven.

Daniel Shapiro

Special Deputy Secretary of State

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