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SERVICES	C	ORPORATION NAME (S) AND DOCUMENT NUMBER (S)
	ke D	Perivatives, LLC
		Total of
Filing Evidence ☑ Plain/Confirmation Cop	у	Type of Document Certificate of Status
□ Certified Copy		☐ Certificate of Good Standing
		□ Articles Only
Retrieval Request Photocopy		□ 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 RUSINESS. IN THE STATE OF FLORIDA:

	espoke Derivatives. LLC	
l. <u></u>	espoke Derivatives, LLC (Name of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")
conser	me unavailable, enter alternate name adopted for the purpose on the of the managers or managing members adopting the alternationary," "L.L.C.," "LLC.")	of transacting business in Florida and attach a copy of the writtename. The alternate name must include "Limited Liability
2. De	elaware 3.	
(Jur com	risdiction under the law of which foreign limited liability inpany is organized)	(FEI number, if applicable)
4.	1/11/08 5.	Perpetual
	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6 U	Jpon qualification	SEC SEC
·	(Date first transacted business in Floric (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) odetermine penalty liability)
7. 1	1096 S.E. 175th Place	ASS
S	Summerfield, FL 34491	F. F. F.
_	(Street Address of	Principal Office)
8. If	limited liability company is a manager-managed co	ompany, check here
9. Tł	he name and usual business addresses of the manag	ing members or managers are as follows:
	Patricia A. Thomas	· ·
1	1096 S.E. 175th Place	
S	Summerfield, FL 34491	
the juri	attached is an original certificate of existence, no more than 90 day risdiction under the law of which it is organized. (A photocopy is ation of the certificate under oath of the translator must be submit	
11. N	Nature of business or purposes to be conducted or p	promoted in Florida:
G	eneral business consultancy	
	(S) PATRICIA A. THOM	MAS .
	Signature of a member or an auth (In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury Patricia A. Thomas, Manage	that the facts stated herein are true.)

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.

1. The name of	of the Limited Liabi	lity Compa	ny is:		
Bespoke De	rivatives, LLC				
If name unava	ilable, the alternate	name to be	used in the sta	ate of Florida is:	
2. The name a	and the Florida stree	et address o	f the registered	d agent and office are:	
	Unite	d Corpora	ate Services,	Inc.	
			(Name)		
				vard, Suite 508	
	Florid	a Street Addr	ess (P.O. Box <u>N</u>	<u>OT</u> ACCEPTABLE)	
	Miami		FI.	33156	
		•	City/State/Zip	,	·····
liability composing agent and agra- relating to the obligations of United Cor	any at the place desig ee to act in this capa proper and complet	gnated in the city. I furthe performantered agent Inc.	is certificate, I her agree to con hice of my dutie. his provided for his Filing Fee fo	e of process for the about hereby accept the appearance of the acceptance of the acc	ointment as registered is of all statutes th and accept the
		\$ 25.00	Designation	of Registered Agent	

Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

\$ 30.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BESPOKE DERIVATIVES, 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 SIXTEENTH DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BESPOKE DERIVATIVES, LLC" WAS FORMED ON THE ELEVENTH DAY OF JANUARY, A.D. 2008.

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

4488401 8300

080052977

Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 6316786

Varuet Smile Hen

DATE: 01-16-08

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