Florida Department of State

Division of Corporations

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Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
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LIMITED LIABILITY REINSTATEMENT

DAWN-BV, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	$516.25

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 JUL 19 AM 9:41

DOCUMENT # M11000001680

1. Limited Liability Company's Name
Dawn-BV LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
60 Wall Street	c/o Anjie LaRocca, 60 Wall Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. 40th Floor
City & State: New York, NY	City & State: New York, NY
Zip: 10005 Country: USA	Zip: 10005 Country: USA

4. State/Country of Formation: Delaware
5. Date Organized or Qualified To Do Business in Florida: 04/01/2011
6. FEI Number: 27-3726877 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Stephen Rullis, VP & Asst. Secy. Date: 7/19/17

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Manager	Andrew Mullin	60 Wall Street	New York, NY 10005
Manager	Dino Paparelli	60 Wall Street	New York, NY 10005

11. E-mail Address: anjie.larocca@db.com
(To be used for future annual report notification)

12. I certify that I am an authorized representative/manager of the member or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated; the limited liability company name satisfies the requirements of section 605.0112, F.S.; and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: July 18, 2017 Daytime Phone #: 212-250-5168

Typed or printed name of signing Authorized Representative/Manager: Anjie LaRocca, Authorized Person

T HENDERSON
JUL 20 2017