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DIVISION OF CORPORATIONS

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CORPORAȚE ACCESS, INC,

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1.		OWCL RM LLC (CORPORATE NAME AND DOCUMENT #)		
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3.		(CORPORATE NAME AND DOCUMENT #)		
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SPI	ECIA	L INSTRUCTIONS:		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

TRANSACT BUSINESS IN FLORIDA

TO SOIL FLORIDA STATUTES, THE FOLLOWING & SUBMITTED TO REGISTER A FOREIGN

TO STATUTE STATE OF FLORIDA: IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. NWCL RM, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2. Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4. 7/8/11 5. Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. N/A (Date first transacted business in Florids, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 575 Fifth Ave., 23rd Floor, New York, NY 10017 (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: **NWCL Holdings LLC** 575 Fifth Ave., 23rd Floor New York, NY 10017 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: all lawful business 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)

16,100

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 the Limited Lia	bility Compa	any is:				
NWCL RM, LL	.c						
If name unavailable, the alternate name to be used in the state of Florida is:							
2. The name	and the Florida str	eet address o	of the registered agent and office are:				
	NRAI Services, Inc.						
	(Name)						
	2731 Executive Park Drive, Suite 4						
	Florida Street Address (P.O. Box NOT ACCEPTABLE)						
	Weston		FL 33331				
			City/State/Zip				
liability compa agent and agre relating to the	any at the place des se to act in this cap proper and comple my position as regi inc.	ignated in thi acity. I furth te performan stered agent o	accept service of process for the above stated limited is certificate, I hereby accept the appointment as registered er agree to comply with the provisions of all statutes accept my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes.				
	(Signature)	CASUE	=11, Asst. Say,				
		\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	•				

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NWCL RM, 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 EIGHTR DAY OF JULY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NWCL RM, LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2011.

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

5008313 8300

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

CATION: 8890928

DATE: 07-08-11