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SECRETARY OF STATE
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#### COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Interlaken Group LL	.C me of Limited Liability Company	····
	Nar	me of Limited Liability Company	
			to Transact Business in Florida," Certificate of ability company to transact business in Florida.
Please	return all correspondence concerning this ma	atter to the following:	
		Peter Marley	
		Name of Person	
		Florida Incorporator	
		Firm/Company	
	619 (	Cattlemen Rd - Suite	011
		Address	
		Sarasota FL 34232	
		City/State and Zip Code	
	State ( E-mail address: (	Offoridaincorporator.combe used for future annual report	t notification)
For fu	rther information concerning this matter, plea	se call:	
	Peter Marley	at ( 888 )	800-9573
	Name of Person	Area Code & Daytime Tele	phone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	osed is a check for the following amount \$125.00 Filing Fee Certificate of Sta	int: ee & ☐\$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy

### 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:

LIMITED	LIABILITY COMPANY TO TRANSACT BUSINESS IN TH	E S	TATEOF FLORIDA:			
ı. Inte	rlaken Group LLC ame of Foreign Limited Liability Company; must inc	lud	e "Limited Liability Company"" L. C. " o	r"IIC"	Λ	
	en Holding Group LLC	iuu	e Emmed Endomey Company, E.E.C., o	ii LLC.	,	
	unavailable, enter alternate name adopted for the purp	ากระ	of transacting business in Florida and attac	h a conv	of the	written
consent o	the managers or managing members adopting the alt ""L.L.C," "LLC.")					
2. DE		3.	27-3366455			_
	iction under the law of which foreign limited liability ny is organized)		(FEI number, if applicable)			
4. <u>5-11</u>		5.	PERPETUAL			_
	(Date of Organization)		(Duration: Year limited liability company exist or "perpetual")	y will cea	ise to	
6						
	(Date first transacted business in F (See sections 608.501 & 608.502 F.	lor: S. t	ida, if prior to registration.) o determine penalty liability)			
7. <u>128</u>	300 Indian Rocks Road					
Larç	go, FL 33771					
	(Street Addres	s o	f Principal Office)			
8. If lin	nited liability company is a manager-manage	d c	ompany, check here 🗸			
9. The	name and usual business addresses of the ma	nag	ging members or managers are as fol	lows:		
Del	oorah B Walton					
79	8 Belted Kingfisher Dr N					
	-	•				
Pa	m Harbor, FL 34683					
10. Attacl	ned is an original certificate of existence, no more than 90	0 da	ys old, duly authenticated by the official havir	Discost na custod	yotrec	ords in
•	ction under the law of which it is organized. (A photoco		•	girlangua		
translation	of the certificate under oath of the translator must be sub	bmi	tted.)	AS E		Contrasts comments
11. Nat	ure of business or purposes to be conducted of	or j	promoted in Florida:	<b>光</b> 气		
Pro	gram data routers and switches			F.S.	<u>~</u>	O
	(hall)			XIE D	(10) (10)	
	Signature of a member or an a	uth	norized representative of a member.	➣		
	(In accordance with section 608.408(3), F.S., the exe					
	penalties of perjury that the facts stated herein are t document to the Department of State constitut					
	John Dove	•	argest titti, as provided to ill blot		,	

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 Liability Co	ompany is:
Interlaken Group LLC	
If unavailable, the alternate to be used in	n the state of Florida is:
Interlaken Holding Group	LLC
2. The name and the Florida street addr	ress of the registered agent and office are:
Florida Incorporato	or
	(Name)
619 Cattlemen R	Rd - Suite O11
Florida Street	Address (P.O. Box NOT ACCEPTABLE)
Sarasota	FL 34232
	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 agreeistered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of Interlaken Group LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
DE .
(State of Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
Interlaken Holding Group LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
Date: 11/17/2011
Signature(s) of Manager(s) and/or Managing Member(s):
Jet Milone

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INTERLAKEN GROUP, 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 THIRTIETH DAY OF NOVEMBER, A.D. 2011.

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AUTHENTY CATION: 9189074

DATE: 11-30-11

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