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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

|                     | on Investments LLC (Name of Foreign Limite                           | d Li          | ability Company)   |                           |                | -   |
|---------------------|--|---------------|--|---------------------------|----------------|-----|
| Delaware            |  | 3             | N/A  |                           |                |     |
|                     | ler the law of which foreign limited liabilit<br>nized)              |               | (FEI number, if applicable   | e)                        |                | •   |
| June 25, 2012       | 2  | 5.            | Perpetual  |                           |                |     |
| (I                  | Date of Organization)  | -             | (Duration: Year limited fiability compa<br>exist or "perpetual")                 | ny will cea               | ise to         | •   |
| Upon filing         |  |               |  | , servit                  |                |     |
|                     | (Date first transacted business in (See sections 608.501 & 608.502 I |               |  | ALI<br>Dilic              | 72             |     |
| 660 Hermitage       | e Circle, Palm Beach Gardens, FL 334                                 | 10            |  |                           | M              |     |
|                     |  |               |  | SS.                       | 28             |     |
| <del></del>         | (Street Addre  | ess o         | f Principal Office)  |                           | =              | -   |
| If limited lial     | bility company is a manager-manag                                    | ed o          | ompany, check here 🔽   | INOT.                     | 9: 2:<br>9: 4: |     |
| The name an         | d usual business addresses of the m                                  | ana           | ging members or managers are as fo   | ollows:                   | ယ              |     |
| Joel Levine, 6      | 660 Hermitage Circle, Palm Beach Gar                                 | den           | s FI 33410   |                           |                |     |
|                     |  |               |  | ···                       |                |     |
| Bruce Berger        | , 17 Tannery Lane North, Weston, Cor                                 | nec           | ticut 06883  | · •                       | <del></del> .  |     |
|                     |  |               |  |                           |                |     |
| Attached is an o    | riginal certificate of existence, no more than 9                     | na            | are old duly outhanticated but he official has                                   | ina a wtoch               | . afma         |     |
| jurisdiction unde   | er the law of which it is organized. (A photoc                       | ору           | is not acceptable. If the certificate is in a form                               | ing cusicus<br>ign langua | ge,a           | OFC |
| islation of the cer | rtificate under oath of the translator must be s                     | ıbm           | tted.)   |                           |                |     |
| . Nature of bu      | usiness or purposes to be conducted                                  | or j          | promoted in Florida: Pursue any lav  | vful busine               | ess            |     |
| in the State of     | Florida.   |               |  |                           |                |     |
|                     | (b)()  |               |  |                           |                | •   |
|                     | Dell sein  | ===           |  |                           |                |     |
|                     | Un accordance with section 608.408(3)                                | autr<br>. F.S | orized representative of a member.  , the execution of this document constitutes |                           |                |     |
|                     | an affirmation under the penalties of p                              | erjur         | y that the facts stated herein are true.)  |                           |                |     |
|                     | Joel Levine  |               |  |                           |                |     |
|                     | Typed or print   | ed i          | 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.

| Recapitaliz | ation Investments LLC               |   | <u></u> |
|-------------|-------------------------------------|---|---------|
| The nan     | ne and the Florida street address o | of the registered agent and office are: |         |
|             | Joel Levine                         |   |         |
|             |                                     | (Name)                                  |         |
|             | 660 Hermitage Circle                |   |         |
|             | Florida Street Addr                 | ress (P.O. Box <u>NOT</u> ACCEPTABLE)   |         |
|             | Palm Beach Gardens                  | FL 33410                                |         |
|             |                                     | 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.

Joel Levine

₽y:

(Signature)

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

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RECAPITALIZATION INVESTMENTS 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 TWENTY-SEVENTH DAY OF JUNE, A.D.

2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID

"RECAPITALIZATION INVESTMENTS LLC" WAS FORMED ON THE

TWENTY-FIFTH DAY OF JUNE, A.D. 2012.

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

5175128 8300

120785136

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 9675170

DATE: 06-27-12

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