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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Email Address:

: GUNSTER, YOAKLEY & STEWART, P.A. Account Name

Account Number : I19990000012 Phone : (954)468-1355

Fax Number : (954)523-1722

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Foreign Limited Liability Company Nummux LLC

| Certificate of Status | 0 |
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| Certified Copy | |
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B. KOHR

SEP 19

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EXAMINER

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company Nummux LLC

Certificate of Status

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

| IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FO LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |)REKG |
|---|---------|
| 1 Nummux LLC | |
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
| | |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil Company," "L.L.C," "LLC,") | |
| 2. DE 3. 46-0599605 | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | |
| 4. 5/11/12 5. Perpetual | |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") | • |
| 6. As of the date of the filing of this Application | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | ı |
| 7. 2332 Galiano Street, Coral Springs, FL 33134 | |
| | , |
| (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: | |
| (1) Fred M. Castonguay, (2) Jonathan Coronado, (3) Giovanni d'Agostino and | |
| (4) Juan Carlos Graterol | |
| 2332 Galiano Street, Coral Springs, FL 33134 | _ |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recthe 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 oath of the translator must be submitted.) | ords ir |
| 11. Nature of business or purposes to be conducted or promoted in Florida: any and all business | |
| permitted under the laws of the State of Florida | , |
| 745 | |
| | |

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Fred M. Castonguay, President

Typed or printed name of signee

1. The name of the Limited Liability Company is:

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.

| Nummux LLC | | | | |
|--|--|--|--|--|
| If unavailable, the alternate to be used in the state of Florida is: | | | | |
| 2. The name and the Florida | street address of the registered agent and office are: | | | |
| GY Corpora | te Services, Inc. | | | |
| \ | (Name) | | | |
| · | orida Street Address (P.O. Box NOT ACCEPTABLE) | | | |
| Miami | FL 33131 City/State/Zip | | | |
| liahility company at the place agent and agree to act in this o relating to the proper and com | red agent and to accept service of process for the above stated limited designated in this certificate, I hereby accept the appointment as registered apacity. I further agree to comply with the provisions of all statutes plete performance of my duties, and I am familiar with and accept the egistered agent as provided for in Chapter 608, Florida Statutes. | | | |
| Robert C. | (Signature) Thite, Jr., Vice President | | | |
| | \$ 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 "NUMMUX 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2012.

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

5153399 8300

121029424

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

Jeffrey W. Bullock, Secretary of State

AUTHENTX CATION: 9844168

DATE: 09-13-12