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EXAMINED



| ACCOUNT NO. | : 12000000 | 0195 | | |
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| REFERENCE | : 496546 | | 1. | |
| AUTHORIZATION | : | Squelle | deno | h |
| COST LIMIT | : \$ 125 | 00 | | |
| ORDER DATE : January 15, 2013 | | | | |
| ORDER TIME : 1:0 PM | | | | |
| ORDER NO. : 496546-005 | | | | |
| CUSTOMER NO: 4302355 | | | | |
| FOREIGN FI NAME: JOHNANN I LLC | <u>LINGS</u> | | 13 JAI SECKE FALLAH | -TI |
| XXXX QUALIFICATION (TYPE: LL | ,) | | JAN 15 AM 10: 09 CKE FARY OF STATE LAHASSEE, FLORIDA | OBTIL |
| PLEASE RETURN THE FOLLOWING AS | PROOF OF FIL | JING: | AM 10: 09 of State ee. Florid | J |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA | NDING | | NOA | |
| CONTACT PERSON: Harry B. Davis | EXT# 292 | <u>?</u> 6 | | |
| | EXAMINER: | | | |

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| consent of t | available, enter alternate name adopted for the purp the managers or managing members adopting the al | pose Item | of transacting business in Florida and attach a late name. The alternate name must include "Li | copy o | f the w | v ri tter ty |
|------------------------------|---|--------------|--|--------------|-------------|----------------------------|
| Company," | "L.L.C," "LLC.") | | | | | |
| 2. Delawa | are | 3. | 46-1771422 (FEI number, if applicable) | | <u></u> | • |
| | tion under the law of which foreign limited liability is organized) | , | (FEI number, if applicable) | | | |
| 4. 01/14/2 | 2013 | 5. | Perpetual | | | |
| · | (Date of Organization) | ٠, | (Duration: Year limited liability company we exist or "perpetual") | ill ceas | e to | |
| 6 | (D. (Constant of Lucianos in 1 | 6122 | ide if mice to registration | | | |
| | (Date first transacted business in l (See sections 608.501 & 608.502 F | .S. t | o determine penalty liability) | | | |
| 7. 3145 N | Airo Drive North, Palm Beach Gardens, FL | 33 ر | 410 | <u>∓</u> ⊊ | <u></u> | |
| | | | | | JAN | -7 |
| | (Street Addre | ss o | f Principal Office) | 5 | <u>z</u> | · · |
| 8. If limi | ted liability company is a manager-manage | ed c | company, check here 🔀 | See . | | [T |
| 9. The na | ame and usual business addresses of the ma | ana | ging members or managers are as follo | FLESTAT | AH 10: 10 | • |
| John | D. Cohen, 3145 Miro Drive North, Palm B | 3eac | ch Gardens, FL 33410 | DA P | | |
| Ann | Cohen, 3145 Miro Drive North, Palm Bear | ch (| Gardens, FL 33410 | | | |
| | | | | | | |
| the jurisdict translation | ed is an original certificate of existence, no more than 9 ion under the law of which it is organized. (A photoc of the certificate under oath of the translator must be sure of business or purposes to be conducted | opy ubm | is not acceptable. If the certificate is in a foreign itted.) | | | ords in |
| | Flen Ia | To h | <u> </u> | | | • |
| | Signature of a member or an | aut | horized representative of a member. | | | |
| | (In accordance with section 608.408(3), F.S., the cr | хсси | tion of this document constitutes an affirmation und | er the | | |
| * • | document to the Department of State constitu | | e. I am aware that any false information submit | | | |

Typed or printed name of signee

John D. Cohen

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 Company is: | | | |
|---|-------------------------------------|-------------|-----|
| JohnAnn I 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: | | | |
| Corporation Service Company | TAL SI | | |
| (Name) | → | 3 JAN 15 | *** |
| 1201 Hays Street | IIIASS | <u>N</u> 5 | 7 |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | المارية المارية المارية | | |
| Tallahassee FL 32301 | STAT | AM IO: I | C |
| City/State/Zip | DA | 0 | |
| Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all s relating to the proper and complete performance of my duties, and I am familiar with and at obligations of my position as registered agent as provided for in Chapter 608, Florida Statu CORPORATION SERVICE COMPANY By: (Signature) \$ 100.00 Filing Fee for Application | t as regis statutes ccept the | stered | |
| \$ 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 "JOHNANN I 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 FIFTEENTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JOHNANN I LLC" WAS FORMED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2013.

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

13 JAN 15 AM IO: 10

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AUTHENTY CATION: 0144914

DATE: 01-15-13

Jeffrey W. Bullock, Secretary of State

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