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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name Account Number : I20120000007

: INCORP SERVICES INC

: (702)866-2500

Fax Number

: (702)866-2689

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

Foreign Limited Liability Company Woodlark Asset Management, LLC

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COVER LETTER

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	Registration Section Division of Corporations			
SUBJEC	CT. WOODLARK ASSET MA	ANAGEMENT, LLC		
DOTION!		Liability Company		
The enci Existence	losed "Application by Poreign Limited Liability Company se, and check are submitted to register the above reference	for Authorization to Tran d foreign limited liability	nsact Business in Fiorida," Certificate of company to transact business in Florida	
Please re	eturn all correspondence concerning this matter to the fell	owing:		
	Wend	y Hefley		
	Name	of Person	 	
	Incorp Se	rvices, inc.		
	Pirm/C	Сотрину		
	2360 Corporate	Circle, Suite 400		
	Ad	dress	· · · · · · · · · · · · · · · · · · ·	
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	Hendersor	n, NV 89074	~ N	
	City/State	and Zip Code	ALEAHAY	
		ance@incorp.com	E SAN T	
	E-mail address: (to be used for	future annual report notifi	ication) on 15 1 great	
For furth	her information concerning this matter, please call:		m —	
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		t(702) 866-28	Number SIAI 3	
	Name of Person Area Co	de & Daytime Telephone	Number 5 3	
	MAILING ADDRESS: STREET A		-	
		Corporations		
	Registration Section Registration Section P.O. Box 6327 Clifton Building			
		itiye Center Circle		
	Tallahassec			
Enclos	ed is a check for the following amount:			
	——————————————————————————————————————	1 \$155,00 Piling Fee &	☐ \$160.00 Filing Fee, Certificate	
	Certificate of Status	Cartified Copy	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: WOODLARK ASSET MANAGEMENT, 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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delawere 26-0794876 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 07/10/2007 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") Upon registration (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 50 Main Street, Suite 355, White Plains, NY 10606 (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: Member Manager-Harold Rosenblum 50 Main Street, Suite 355, White Plains, NY 10606 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 oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Any Legal Purpose Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), P.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, P.S.) Harold Rosenblum-Member Manager

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 Company is:

	WOODLARK ASSI	ET MANAGEME	NT, LLC	
If unavailable, th	e alternate to be used in the st	ate of Florida is:		
2. The name and	the Florida street address of t	he registered agen	f and office are:	200 HAY
•	Incorp	Services, Inc.		超多
•	Service Transfer			
	17888 67th Court North			
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)			PH 2: 3
	Loxahatchee	FL	33470	DA -
•		City/State/Zip		
liability company registered agent a statutes relating t	ned as registered agent and to a at the place designated in this and agree to act in this capacit to the proper and complete per tions of my position as register	certificate, I hereb by. I further agree t formance of my du ad agent as provide Wendy b	y accept the appoints to comply with the protest, and I am familiated for in Chapter 608	nent as ovisions of all r with and

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

\$ 25.00

\$ 30.00

5.00

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WOODLARK ASSET MANAGEMENT, 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 SEVENTH DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WOODLARK

ASSET MANAGEMENT, LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D.

2007.

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You may varify this cartificate caline

AUTHENT CATION: 0413325

DATE: 05-07-13