# M13000003034

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
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Office Use Only



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#### FLORIDA DEPARTMENT OF STATE

Division of Corporations

April 29, 2013

CSC SUSIE KNIGHT TALLAHASSEE, FL

SUBJECT: NYON LLC

Ref. Number: W13000024727

Submission date original field date.

We have received your document for NYON LLC and the authorization to debit, your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 813A00010192

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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ACCOUNT NO. : I2000000195

REFERENCE : 625792 4370126

AUTHORIZATION :

COST LIMIT : \$ 125\0.0

ORDER DATE: April 25, 2013

ORDER TIME : 9:42 AM

ORDER NO. : 625792-005

CUSTOMER NO: 4370126

#### FOREIGN FILINGS

NAME: NYON LLC

| XXXX QUALIFICATION (TYPE: <u>LL</u> )                               |            |
|---|------------|
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:                     |            |
| CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING | 6 AN 9: 40 |
| CONTACT PERSON: Susie Knight EXT# 52956                             |            |

EXAMINER: \_\_\_\_\_

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

We, the undersigned, do hereby certify that we are the Managers of NYON LLC a limited liability company duly organized and existing under the law of the State of Delaware. Because the name of this foreign limited liability company does not satisfy the requirements of § 608.406, Florida Statute, the limited liability company hereby adopts the following name to transact business in the state of Florida:

#### **NYON OFS LLC**

Date: May 1, 2013

Signature (s) Managers

CHRISTOPHE BARRE

RICARDO GUADALUPE

JEAN-FRANCOIS SBERRO

2013 APR 26 AM 9: 40

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

| IN COMPLIANCE WITH SELLIMITED LIABILITY COMPA   |  |                                     | S, THE FOLLOWING IS SUBM<br>STATE OF FLORIDA:  | ATTED TO REGISTER  | A FORI   | EIGN   |
|---|--|-------------------------------------|--|--|----------|--------|
|   | ON LLC   | 2120 21120                          |  |  |          |        |
| 1 -   |  | y; must includ                      | e "Limited Liability Company,"   | "L.L.C.," or "LLC.")   |          |        |
| NYON OFS LLC  |  |                                     |  |  |          |        |
| (If name unavailable, enter al<br>consent of the managers or m<br>Company," "L.L.C," "LLC." | nanaging members ado                                   | for the purpose<br>pting the altern | of transacting business in Flor<br>late name. The alternate name n                                     | ida and attach a copy of<br>nust include "Limited L  | the writ | tten   |
| 2. DELAWARE   |  | 3.                                  | 90-0906947   |  |          |        |
| (Jurisdiction under the law company is organized)   | of which foreign limit                                 | led liability                       | (FEI number, if  | applicable)  |          |        |
| 4. OCTOBER 23, 2012   |  | 5.                                  | PERPETUAL  |  |          |        |
| (Date of Or   | ganization)  |                                     | (Duration: Year limited liab exist or "perpetual")   | ility company will cease   | : to     |        |
| 6. UPON QUALIFICATIO  | )N   |                                     |  | المنافعة | 723      |        |
|   | (Date first transacted bee sections 608.501 &          | usiness in Flor<br>608,502 F.S.     | ida, if prior to registration.) to determine penalty liability)  | 50 S   | - E- S   | eger.  |
| 7. c/o HUBLOT OF AMEI   | RICA, INC., The Gal                                    | leria Corpora                       | te Center  |  | <u></u>  | •      |
| 2455 E. Sunrise Blvd.,  | · ·  |                                     |  | हिन्द<br>१३ क्षा<br>   | <u> </u> | į      |
|   | (S   | treet Address o                     | f Principal Office)  | # 05<br># <del>1</del>   | بې       | ٠.     |
| 8. If limited liability cor   | mpany is a manage                                      | r-managed d                         | company, check here  |  | 04       |        |
| 9. The name and usual l   | business addresses                                     | of the mana                         | ging members or manager  | s are as follows:  |          |        |
| CHRISTOPHE BARR   | E 24   | 55 E. SUNRI                         | SE BLVD., STE. 402, FT. LA   | UDERDALE, FL. 333  | 104      |        |
| RICARDO GUADALU   | IPE 24   | 55 E. SUNRI                         | SE BLVD., STE. 402. FT. LA   | UDERDALE, FL. 333  | 104      |        |
| JEAN-FRANCOIS SB  | ERRO 24  | 55 E. SUNRI                         | SE BLVD. STE. 402, FT. LA  | UDERDALE, FL. 333  | 04       |        |
| the jurisdiction under the law translation of the certificate un                            | of which it is organized<br>oder oath of the translate | l. (A photocopy<br>or must be subn  | lays old, duly authenticated by the visinot acceptable. If the certificanitted.)  promoted in Florida: | ate is in a foreign langua   |          | rds in |
| Si  | ignature of a memb                                     | per or an aut                       | norized representative of a  | member.  |          |        |

LOUISE FIRESTONE, AUTHORIZED REP. OF 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.)

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.

| If unavailable | e, 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: | 77 CT CT                       |
|                |  |                                |
|                | (Name)   | R 26                           |
|                | 1201 Hays Street   |                                |
|                | Florida Street Address (P.O. Box NOT ACCEPTABLE)                       | 10867<br>31715<br><b>01 16</b> |
|                | Tallahassee 32301<br>FL  | 7~ •                           |
|                | City/State/Zip   | -                              |

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.

> Corporation Service Company By: Kimberly B. Moret, Assistant Vice President

> > \$ 100.00 Filing Fee for Application **Designation of Registered Agent** \$ 25.00 **Certified Copy (optional)** \$ 30.00 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 "NYON 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-FIFTH DAY OF APRIL, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NYON LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2012.

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

5231418 8300

130484635

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 0386433

DATE: 04-25-13

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