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COVER LETTER

TO: Registration Section Division of Corporations

6365-4311 LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Name of Person JADE ASSOCIATES MIAMI INC Firm/Company 100 N BISCAYNE BLVD STE 500 Address MIAMI, FL 33132 City/State and Zip Code OSUREAU@JADE-ASSOCIATES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OLIVIER SUREAU Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee □ \$130.00 Filing Fee &

Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate 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:

1. 6365-4311 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 write consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company." "L.L.C." "LLC.")	tten
_{2.} DELAWARE _{3.} 99-0376093	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 11/29/2011 5. perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	
(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)	
7. 100 N BISCAYNE BLVD. STE 500	
MIAMI, FL 33132	
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	Barrier,
9. The name and usual business addresses of the managing members or managers are as follows:	1
9. The name and usual business addresses of the managing members or managers are as follows: FREDERIK VAN BLADEL (MANAGING MEMBER)	*16.4 3*
100 N BISCAYNE BLVD. STE 500	
MIAMI, FL 33132	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconstruction 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: 11. INVESTMENT	ords in
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.)	

FREDERIK VAN BLADEL

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 6365-43	the Limited Liability	Company is:			
If unavailable,	the alternate to be used	d in the state of Flor	ida is:		
2. The name ar	nd the Florida street ac	ddress of the register	red agent and office are:	2013 JUL 18 SECRETAR' TALLAHASS	-13
	JADE ASSO	OCIATES M	IAMI INC	AHAS	jan.
		(Name)		مر لدا	FT
	100 N BISC	AYNE BLV	D, STE 500	M (): 00 OF STATE E, FLURID	1
	Florida St	reet Address (P.O. Box	NOT ACCEPTABLE)	1 Riff	
	MIAMI	FL	33132		
		City/State/2	Lip	_	

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.

(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 "6365-4311 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 FIFTH DAY OF JULY, A.D. 2013.

5071515 8300

130849372

Jeffrey W. Bullock, Secretary of State

AUTHENT\(CATION: 0565334\)

DATE: 07-05-13

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