Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000278500 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : 120050000052

Phone

: (302)531-0855

Fax Number

: (850)656-7953

*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 Harding FLA LLC

Certilicate of Status	0
Certified Copy	0
Page Count	63
Estimated Charge	\$125.00

APPROVED ... AND ... NO. 6 F91 EDP. 2

13 DEC 19 AM 9: 17

SECRETARY OF STATE APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO IDA TRANSACT BUSINESS IN FLORIDA

	SECTION (URISUS; PLORILIA STATUTE PÄNYTÖ TRANSACT BUSINESS IN THE	S, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG STATE OF FLORIDA:
(Name of Foreign I	imited Liability Company; nsust includ	le "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavoilable, enter consent of the managers or Company," "L.L.C." "LLC	managing members adopting the ultern	e of transacting business in Florids and attach a copy of the written nate name. The alternate name must include "Limited Liability
_a Delaware	•	
(Jurisdiction under the la company is organized)	aw of which foreign limited liability	(FELiumber, if applicable)
4. 12/18/2013	5.	Perpetual
(Date of	Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	(Date flow) represented hereinnes I. Die-	
i	(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. t	o determine penalty liability)
7, 250 Hudson S	Street, Suite 703	
New York, NY	′ 10013	
· · · · · · · · · · · · · · · · · · ·	(Street Address of	f Principal Office)
8. If limited liability co	ompany is a managet-managed co	ompany, check here
9. The name and usual	business addresses of the manag	ging members or managers are as follows:
		Street, Suite 703, New York, NY 10013
Thibault Adrien	, Manager, 250 Hudson S	Street, Suite 703, New York, NY 10013
he jurisdiction under the law	attificate of existence, no more than 90 day of which it is organized. (A photocopy) nder ceth of the translator must be submi	ys old, duly authenticated by the official traving custody of records in is not acceptable. If the certificate is in a foreign language, a ited.)
1. Nature of business	or purposes to be conducted or p	romoted in Florida: Real Estate
	The state of the s	
<u>.</u>	ignature of a member or an autho	prized representative of a member.
penalties of p	erjury that the facts stated herein are true. I	on of this document consitutes an affirmation under the am aware that any false information submitted in a hird degree felony as provided for in 5.817.155, F.S.)
	Thibault Adrien	and the state of the source of the sour

Typed or printed name of signee

) =

302-531-3150

APPROVED

13 DEC 19 AM 9: 17 CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE SECRETARY OF STATE

TALLAHASSEE, FLORIDA

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	ne Limited Liability Company is:
Harding F	LA 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:
Incorporating Services, Ltd.	
	(Name)
1540 Glenway Drive	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
7	Fallahassee FL 32301
	City/State/Zip

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.

Filing Fee for Application \$ 100,00

Designation of Registered Agent \$ 25.00

Certified Copy (optional) \$ 30.00

S 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HARDING FLA 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 NINETEENTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FORTHER CERTIFY THAT THE SAID "HARDING FLA LLC" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2013.

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

5452194 8300

131449054

DATE: 12-19-13

You may varify this certificate online at corp.delaware.gov/authwar.ehtml

AUTHENTICATION: 0997186