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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

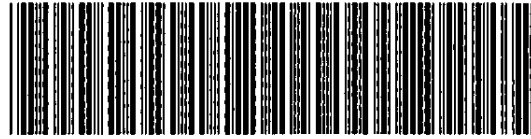
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan FEB 12 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SILVEROAK LEGAL (CAYMAN) LTD L.L.C**  
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:

DAVID OWEN JONES

Name of Person

SILVEROAK LEGAL

Firm/Company

/O 3200 GIFFORD LANE

Address

MIAMI, FLORIDA, 33133

City/State and Zip Code

OJONES@SILVEROAKLEGAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID JONES

Name of Contact Person

at ( 786 ) 777 8546

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  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. SILVEROAK LEGAL (CAYMAN) LTD L.L.C.  
(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. CAYMAN ISLANDS 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NO BUSINESS TRANSACTED AS YET  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3200 GIFFORD LANE, MIAMI,  
FLORIDA, 33133  
(Street Address of Principal Office)

6. 3200 GIFFORD LANE, MIAMI,  
FLORIDA, 33133  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

MR DAVIA OWEN JONES, MANAGING DIRECTOR,  
3200 GIFFORD LANE, MIAMI, FLORIDA,  
33133

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

DAVIA OWEN JONES

Typed or printed name of signee

FILED  
204 FEB 10 AM 11:45  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

SILVERDAK LEGAL (CAJMAN) LTD U.L.C.

If unavailable, the alternate to be used in the state of Florida is:

NA

2. The name and the Florida street address of the registered agent and office are:

DAVID OWEN JONES

(Name)

3200 GIFFORD CAUSEWAY, MIAMI

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Miami

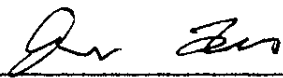
FL

33133

City/State/Zip

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TALLAHASSEE, FLORIDA

*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 605, Florida Statutes.*

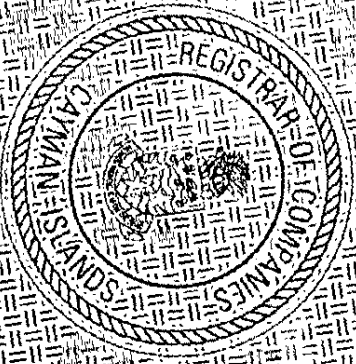


(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

CI 281709

# Certificate of Incorporation on Change of Name



having by Special resolution dated 2nd day of December 2014 incorporated under name of Silveroak Legal (Cayman) Ltd

incorporated under name of Silveroak Legal (Cayman) Ltd

incorporated under name of Silveroak Legal (Cayman) Ltd

incorporated under name of Silveroak Legal (Cayman) Ltd

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incorporated under name of Silveroak Legal (Cayman) Ltd

incorporated under name of Silveroak Legal (Cayman) Ltd

SGD, Joy A. Reames  
An Authorised Officer,  
Registry of Companies,  
Cayman Islands

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An Authorised Officer,  
Registry of Companies,  
Cayman Islands

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Authorisation Code: 9168652154  
www.veiv.gov.ky  
23 January 2014

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23 January 2014

CERTIFIED A TRUE COPY

Printed on 21st January 2014