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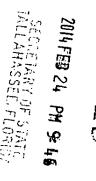
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

		~ ~	ited .
DELAWARE	_{3.} 46-4188712	<u> </u>	-
urisdiction under the law of which foreign limited liability company is organized)	(FEI number, if appl	主	
N/A		NAR NSS	
(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior to registration.) 905, F.S. to determine penalty liability)	ma R	- T-1
35 W. PINE STREET		SIA 🔏	٠,,
ORLANDO, FL 32801		Smi sm	
•	dress of Principal Office)		
8501 PADOVA CT.			
ORLANDO, FL 32836			
()	Mailing Address)		
The name, title or capacity and address of the	person(s) who has/have authority to	manage is/are:	
	JEMBER		
USSAIN FAISAL, MANAGER N	AITIAIDEL /		
USSAIN FAISAL, MANAGER N			
USSAIN FAISAL, MANAGER N 501 PADOVA CT., ORLANDO,			
501 PADOVA CT., ORLANDO,	FL 32801		_:_1
Attached is an original certificate of existence,	FL 32801 no more than 90 days old, duly author	_	cial
501 PADOVA CT., ORLANDO,	FL 32801 no more than 90 days old, duly author the law of which it is organized. (A	photocopy is not	

FAISAL HUSSAIN

Typed or printed name of signee

TICEO

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 Comp	pany is:		
FAZE IN	/ESTMENTS, L	LC	-	20
If unavailable, the	ne alternate to be used in th	e state of Florida is:	CCRETARY LLAHASSE	2014 FEB 24
2. The name an	d the Florida street address	of the registered agent and office are:	OF STA	91 & Hd
	SHAMA REHM	ETULLAH	클쥬	Š
		(Name)		
	8501 PADOVA	CT.		
	Florida Street Ac	dress (P.O. Box NOT ACCEPTABLE)	_	
	ORLANDO	32836 FL		
	,	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 605, Florida Statutes.

(Signature)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FAZE INVESTMENTS 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-FOURTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FAZE

INVESTMENTS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF OCTOBER,

A.D. 2013.

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

5423443 8300

140223954

AUTHENT CATION: 1155381

DATE: 02-24-14

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