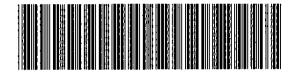
# 11400001811

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Sta	itus	
Special Instructions to Filing Officer:		
MAR 1 9 2016		
A. LUSIT		

Office Use Only



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2014 HAR 18 PH 2-SU



ON SERVICE COMPANY					
	ACCOUNT NO.	:	120000001	95	
	REFERENCE	:	056845	7161018	
	AUTHORIZATION	:	Sanels of	enda	
	COST LIMIT	: ·	\$ 125.00	Ra	,
ORDER DATE :	March 18, 2014				
ORDER TIME :	12:14 PM				
ORDER NO. :	056845-030			t	-i 2
CUSTOMER NO:	7161018				
	FOREIGN FI	LII	<u>IGS</u>		18 PK
NAME:	DUNNING LIFEST	TYLE	ES LLC		STATE BRIDA
XXXX QUALIFIC	ATION (TYPE: <u>CC</u>	<u>)</u> )			
PLEASE RETURN	THE FOLLOWING AS	PRO	OF OF FILI	NG:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON	: Susie Knight -	- E	EXT# 52956		
		F	EXAMINER:		

#### COVER LETTER

	gistration Section vision of Corporations				
SUBJECT:	DUNNING LIFESTYLES LLC				
	N	ame of Limited Liability Com	pany		
	ed "Application by Foreign Limited Lia and check are submitted to register the				
Please retur	n all correspondence concerning this n	natter to the following:	,		
	Michael Goldsmith			201	
		Name of Person		2014 HAR	77
	Sills Cummis & Gross P.C.			<b>ペ18</b> 1Aネ 1Aネ	
		Firm/Company			
	30 Rockefeller Plaza			<u> </u>	
		Address		100 m	
	New York, NY 10112			9 L .	
		City/State and Zip Code		<del>Mari</del>	
	mgoldsmith@sillscummis.com				
	E-mail address:	(to be used for future annual r	eport notification)	<del></del>	
For further is	nformation concerning this matter, plea	nse call:			
Mic	chael Goldsmith	at ( <sup>212</sup>	500-1568		
	Name of Person	Area Code	Daytime Telephone Number		
Div Reg P.()	ALING ADDRESS: ision of Corporations gistration Section Box 6327 lahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle		
	s a check for the following amounts and the filling fee \$\square\$\$ \$\square\$\$ \$130.00 Filing Certificate of the following amounts \$\square\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	ng Fee & 🔲 \$155.00 Filing			

## 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STA DUNNING LIFESTYLES LLC	ITE OF FLORIDA:	
(Name of Foreign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or "LLC	.")
(If name unavailable, enter alternate name adopted for the purpose of t consent of the managers or managing members adopting the alternate r Company," "L.L.C," "L.L.C,"		
	1-1664342	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	Pand
		20 E
(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)	2014 HAR
5. 99 Hook Road, #5	\$	8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 -
Bayonne, NJ 07002	r c	
(Street Address of Pri	ncipal Office)	3≥ ₩
5. 99 Hook Road, #5		
Вауопле, NJ 07002		
(Mailing Add	iress)	
7. The name, title or capacity and address of the person(s)	who has/have authority to manage is/a	re:
Manu Mirchandani, Managing Member		
99 Hook Road, #5		
Bayonne, NJ 07002		
. Attached is an original certificate of existence, no more than 90 days of a the jurisdiction under the law of which it is organized. (A photocopy is anslation of the certificate under oath of the translator must be submitted.)	not acceptable. If the certificate is in a foreign lar	•
Signature of an auth	orized person	
(In accordance with section 605.0203, F.S., the execution of t penalties of perjury that the facts stated herein are true. I am document to the Department of State constitutes a third	aware that any false information submitted in	
Manu Mirchandani	- C	
Typed or printed name	or signee	

### 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.

DUNNING LIF	FESTYLES LLC	20
If unavailable	e, the alternate to be used in the state of Florida is:	2014 MAR 18
2. The name	and the Florida street address of the registered agent and office are:	PH 20 SI
	Corporation Service Company	
	(Name)	•
	1201 Hays Street	
	Tallahassee 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 605, Florida Statutes.

Corporation Service Company

Assistant Vice President

\$ 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 "DUNNING LIFESTYLES 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 EIGHTEENTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DUNNING LIFESTYLES LLC" WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5062089 8300

140343451

Jeffrey W Bullock, Secretary of State AUTHENTY CATION: 1214787

DATE: 03-18-14

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