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(Re	questor's Name)			
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ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: April 10, 2014

ORDER TIME : 9:23 AM

ORDER NO. : 091122-005

CUSTOMER NO: 7424814

FOREIGN FILINGS

NAME: OCEAN BLUE MANAGEMENT CO. LLC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

XXXX QUALIFICATION (TYPE: LL)

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Ocean Blue Man	agement LLC	
	ne of Limited Liability Company	-
	bility Company for Authorization to Transact Rusiness in Florida, above referenced foreign limited liability company to transact business.	
Please return all correspondence concerning this ma	atter to the following:	
Scott Johns		
	Name of Person	
Ocean Blue Ma	nagement	
-	Firm/Company	•
307 5th Ave 17	th Floor	
	Address	
New York, NY	10016	
	City/State and Zip Code	
SJohns@Ocear	nBlueManagement.com	m ~
E-mail address:	(to be used for future annual report notification)	
For further information concerning this matter, plea	ase call:	2014 ÑR SECRETA IALLAHA
Scott Johns	212 7856600	SSE SSE I
Name of Contact Person	Area Code Daytime Telephone Number	TH 32
MAILING ADDRESS:	STREET ADDRESS:	STATE STATE
Division of Corporations	Division of Corporations	一芸芸 😀
Registration Section P.O. Box 6327	Registration Section Clifton Building	>
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	
Enclosed is a check for the following amou	unt:	,
☐ \$125.00 Filing Fee ☐ \$130.00 Filin Certificate of		

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Ocean Blue Management Co. 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
_{2.} Delaware _{3.} 11-3692263.
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. Upon Filing
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
_{5.} 307 5th Ave 17th Floor
New York, NY 10016
(Street Address of Principal Office)
6. 307 5th Ave 17th Floor, New York, NY 10016
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are
Arik Kislin - Member/Manager - 307 5th ave 17th floor NY NY 10016
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)
- Company of the second of the
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 to 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.)
AFIK Kislin
Typed or printed name of 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.

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

2. The na	me and the Florida street address of the registered agent and office are:	2014 I
	Corporation Service Company	7
	(Name)	T SSE
	1201 Hays Street	OF STI
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	— GEORGE * 31
	Tallahassee 32301 FL	_
•	City/State/Zip	

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)

Madonna Malinowski, Assistant VP

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

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "OCEAN BLUE MANAGEMENT CO. 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 TENTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OCEAN BLUE MANAGEMENT CO. LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2003.

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

3649693 8300

140456497

Jeffrey W Bullock, Secretary of Sta AUTHENTY CATION: 1284782

DATE: 04-10-14

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