### Florida Department of State

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# Foreign Limited Liability Company ENGRADE, LLC

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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 LIAI	BILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		<i>7100</i> 01
L. Engrade	e, LLC		
(Name	of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," o	r "LLC.")	
consent of the	valiable, enter alternate name adopted for the purpose of transacting business in Florida and attace managers or managing members adopting the alternate name. The alternate name must include L.L.C." "LLC.")	h a copy of the "Limited Liabili	written ty
2. Delawar	•		
(Jurisdiction company i	n under the law of which foreign limited liability (FEI number, if applicable) is organized)		•
4		, ,	
	(Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	XLLX SEC	14 A
5. 2 Penn	Plaza	= 111	APR
New Yo	ork, New York 10121	(SS)	23
<sub>6.</sub> 2 Penn	(Street Address of Principal Office)  Plaza	E FS	PX
New Yo	ork, New York 10121	ORIT.	E: 3i
	(Mailing Address)	>	*-\$+-
7. The nair	ne, title or capacity and address of the person(s) who has/have authority to mana	ige is/are:	
David Stat	fford, Senior VP, General Counsel & Secretary		•
2 Penn Pla	aza, New York, NY 10121	····	
in the jurisdicti	s an original certificate of existence, no more than 90 days old, duly authenticated by the official having ion under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a factor of the translator must be submitted.)  Signature of all authorized person  (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation appearance of perjury that the facts stated herein are true. I am aware that any false information submitted constitutes a third degree felony as provided for in s.8 in David Stafford	ocium language, .  ndur the  nitted in a	
	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.

1. The name of the Limited Liability Company	is:				
Engrade, LLC				W	
If unavailable, the alternate to be used in the sta	ite of Florida i	s:			
2. The name and the Florida street address of the registered agent and office are:			SEE	14 APR	ent appay
National Corporate Research, Ltd., Inc.			SE FA VERE	72 2	496794180
(Name)			— 55E	23	grandensen St D S
156 04	ica Plaza <b>D</b> eive	a		Н	1
Tionida Street Address (P.O. Box NOT ACCEPTABLE)			STATE LORIDA	ने: अ <sub>न</sub>	
Tallahassee	FL	32301	A	· į···	
	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.

In Mana Commercia

\$ 100,00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

DACT 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO BEREBY CERTIFY "ENGRADE, 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-THIRD DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENGRADE, LLC" WAS FORMED ON THE THIRTIETH DAY OF JANUARY, A.D. 2014.

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

14 APR 23 PM 4: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5474004 8300

140507406

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

AUTHENTY CATION: 1313833

DATE: 04-23-14