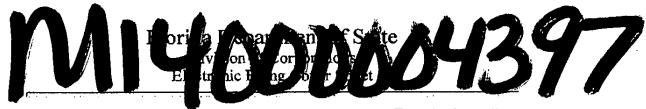
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000147625 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

· From: ·

Account Name : SUPERBIZ.COM, INC.

Account Number : I20070000160 Phone

Fax Number

: (800)494-3124 : (561)455-9885

the email address for this business entity to be used for future @mnual report mailings. Enter only one email address please.**

Foreign Limited Liability Company NOBO WOS B, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRUGH2014

H14000147625 3

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED PORTION LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. NOBO WOS B, LLC		GISTER A	
(Name of Pomign Limited Liability Company; mixt include "Limited Liability Company," "Lill," of "Lick	6")		
(If nome unavailable, enter often site mane adopted for the purpose of transacting business in Florida, The atternate name as Liability Company," "L.L.C," or "LLC.")	uni inoludo "	Limited	
Delaware 3			
2. United to little interest the law of which furcing finited natures 3. (Fill number, if applicable) ocrapany is remarked)		*******	
4. Upon filing			
(This first insended bushings in Medide, If prior to registration.) (Red accirons 605.0904 & 605.0905, P.S. to debening plantly Hostilty)			
5, 1499 Post Road, Fairfield, CT 06824			
Para planting in the article of the control of the			
(Street Address of Printipal Office)	······································	*****	
6, 1499 Post Road, Fairfield, CT 06824			
*** **********************************			
(Milling Address)	ر برسور ریسور	~~~~	
		=	quer _{es} .
7. The name, title or capacity and address of the person(s) who has/have authority to manag	e ravaro:	MUL	ł
Kenneth M. Kleban, sole member of NOBO WOS B LLC	32 0.1 10 76	K\)	eruzos
		0	
at 1499 Post Road, Fairfield fr 06824	- Lu		
	500	⊐ €	Services
	30/25	<u></u>	4,
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticate having oustody of records in the jurisdiction under the law of which it is organized. (A photo acceptable. If the certificate is in a foreign language, a translation of the certificate under out must be submitted)	copy is no	ыÜ'	
Signature of an authorized persons [In accordance with section 605.0203, F.S., the exceution of distributions of sections and interest of persons and interest of sections and interest of persons are personally and interest of persons and interes	ie Belie sisted i in v.B 17, 155, P	intella ere true ISJ)	a. 1
Kenneth M. Kleban	•		
Typed or printed name of signue			

H14000147625 3

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.

	ole, the alternate to be used in the state of Florida is:	
2. The name	ne and the Florida street address of the registered agent and o	office are:
	Superbiz Registered Agent, Inc.	•
	(Name)	Military remarkable of the second sec
	2761 Vista Parkway Unit E4	2014
	Florida Street Address (P.O. Box NOT ACCEPTABL	画 経済 と
	West Palm Beach	2014 JUN 20 ALLSAHASSI
	City/State/ZIp	
liability con registered a statutes rela	n named as registered agent and to accept service of process y inpany at the place designated in this certificate, I hereby acce, agent and agree to act in this capacity. I further agree to comp ating to the proper and complete performance of my duties, an abbligations of my position as registered agent as provided for	pt the appointment as one only with the provisions of all and I am familiar with and

Poul Smith, President

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

H14000147625 3



DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NOBO WOS B, 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-SECRETARY DAY OF MAY. B D. 2014

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOBO WOS B, LLC" WAS FORMED ON THE FIFTRENTH DAY OF APRIL, A.D. 2014.

2814 JUN 20 PM 1: 46

5516831 8300

140718780
Tou may verify this cartificate onling at cosp. delevare. pov/authvar. shiml

AUTHER PROCESSION STRAIN OF State

DATE: 05-27-14