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| (Red                      | questor's Name)   |             |
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| PICK-UP                   | WAIT              | MAIL        |
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| Certified Copies          | Certificates      | s of Status |
| Special Instructions to F | Filing Officer:   |             |
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| ON SERVICE COMPANY.   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| ACCOUNT NO. : 12000000195   |  |  |  |  |  |  |
| REFERENCE : 182737 97371A   |  |  |  |  |  |  |
| AUTHORIZATION: Sould Ble man  |  |  |  |  |  |  |
| COST LIMIT : \$125'.00  |  |  |  |  |  |  |
| ORDER DATE : June 18, 2014  |  |  |  |  |  |  |
| ORDER TIME : 1:40 PM  |  |  |  |  |  |  |
| ORDER NO. : 182737-010  |  |  |  |  |  |  |
| CUSTOMER NO: 97371A   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| FOREIGN FILINGS   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| NAME: LATICO LLC  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| XXXX QUALIFICATION (TYPE: <u>LL</u> )                               |  |  |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:                     |  |  |  |  |  |  |
| CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING |  |  |  |  |  |  |
| CONTACT PERSON: Emily Gray EXT# 62925                               |  |  |  |  |  |  |
| EXAMINER:   |  |  |  |  |  |  |



June 20, 2014

CSC / EMILY GRAY

RESUBMIT

Please give original submission date as file date.

SUBJECT: LATICO LLC

Ref. Number: W14000038624

We have received your document for LATICO LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 614A00013432

DEPARTMENT OF STATE

### 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: LATICO 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.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) One Meadowlands Plaza, 6th Floor East Rutherford, NJ 07073 (Street Address of Principal Office) <sub>6.</sub> Same (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mahnaz Mottahedeh One Meadowlands Plaza, 6th Floor, East Rutherford, NJ 07073 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) /s/Mahnaz Mottahedeh 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 true. I

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.)

Typed or printed name of signee

Mahnaz Mottahedeh

## 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:                                   |  |
|----------------|--|---|--|
| LATICO LLC     |  |   |  |
| If unavailable | the alternate to be used                         | in the state of Florida is:                   | THE STATE OF THE S |
| 2. The name    | and the Florida street ad                        | dress of the registered agent and office are: | SERVE SE   |
|                | Corporation Service Co                           | ompany  | 9: 48<br>51416<br>FLORID   |
| (Name)         |  | N. 9  |  |
|                | 1201 Hays Street                                 |   |  |
|                | Florida Street Address (P.O. Box NOT ACCEPTABLE) |   | _  |
|                | Tallahassee                                      | 32301<br>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.

| Corporation Service C | ompany      | Emily Gray |  |
|-----------------------|-------------|------------|--|
| By: Emily &           | Kray        | Asst V.P.  |  |
|                       | (Signature) |            |  |
| 0                     | 0           |            |  |

\$ 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 "LATICO 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 NINETEENTH DAY OF JUNE, A.D. 2014

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LATICO LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2014.

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

5554172 8300

140857002

jeffrey W Bullock, Secretary of Stal AUTHENTYCATION: 1466831

DATE: 06-19-14

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