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| Certified Copies | Certificates of Status |
| Special Instructions to Fili | ing Officer: |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2014

DANIEL G. MUSCA, ESQ LEXIUM PLLC 13139 W. LINEBAUGH AVENUE, SUITE 101 TAMPA, FL 33626

SUBJECT: THESIS STUDIO 1, LLC Ref. Number: W14000044268

We have received your document for THESIS STUDIO 1, LLC and your check(s) totaling \$125.00. 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.

Agnes Lunt Regulatory Specialist II

Letter Number: 914A00015502

www.sunbiz.org

Division of Corporations P.O. BOY 6327 Tallahassee Florida 32314

COVER LETTER

| Thesis Stu | idio 1 LLC | 2 |
|---|---|-------------|
| UBJECT: THESIS STU | Adio 1, LLC Name of Limited Liability Company | 2014 1936 |
| | سر | - 1 |
| | gn Limited Liability Company for Authorization to Transact Business in Florid to register the above referenced foreign limited liability company to transact bu | isiness in |
| lease return all correspondence con | ncerning this matter to the following: | |
| Daniel G | 6. Musca, Esq. | |
| | Name of Person | |
| Lexium F | PLLC | |
| | Firm/Company | |
| 13139 W | V. Linebaugh Avenue, Suite 101 | |
| | Address | _ |
| Tampa. | Florida 33626 | |
| · apa, · | 1 1011dd 000E0 | |
| | City/State and Zip Code | |
| dan muse | • | |
| dan.mus | City/State and Zip Code Ca@lexiumlegal.com E-mail address: (to be used for future annual report notification) | |
| . | Ca@lexiumlegal.com E-mail address: (to be used for future annual report notification) | |
| or further information concerning the | Ca@lexiumlegal.com E-mail address: (to be used for future annual report notification) this matter, please call: | |
| For further information concerning the Dan Musca | E-mail address: (to be used for future annual report notification) this matter, please call: at (813) 814-0700 | |
| Tor further information concerning the Dan Musca Name of Commandation MAILING ADDRESS: | E-mail address: (to be used for future annual report notification) this matter, please call: at (813) 814-0700 Contact Person Area Code Daytime Telephone Number STREET ADDRESS: | |
| or further information concerning the Dan Musca | E-mail address: (to be used for future annual report notification) this matter, please call: at (813) 814-0700 Contact Person Daytime Telephone Number | |
| Dan Musca Name of C MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 | E-mail address: (to be used for future annual report notification) this matter, please call: Area Code STREET ADDRESS: Division of Corporations Registration Section Clifton Building | |
| Dan Musca Name of C MAILING ADDRESS: Division of Corporations Registration Section | E-mail address: (to be used for future annual report notification) this matter, please call: Area Code STREET ADDRESS: Division of Corporations Registration Section Daytime Telephone Number | |
| Dan Musca Name of C MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 | E-mail address: (to be used for future annual report notification) this matter, please call: Area Code STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

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:

| (Name of Foreign Limited Liability Company; must include | le "Limited Liability Company," "L.L.C.," or "LLC.") | _ | |
|---|---|-----------|--|
| If name unavailable, enter alternate name adopted for the purpose of tra Liability Company," "L.L.C," or "LLC.") | insacting business in Florida. The alternate name must include "Li | mited | |
| Delaware 3 | 47-1250277 | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) | | |
| . N/A | | | |
| (Date first transacted business in F (See sections 605.0904 & 605.0905, | E C to determine namely lightlity | - | |
| 330 SW 2nd Street, Building 111 | P.S. to determine penalty hability) | dipo. | |
| Ft Lauderdale, Florida 33312 | 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| · · · · · · · · · · · · · · · · · · · | of Principal Office) | - f [] | |
| 330 SW 2nd Street, Building 111 | | _ (| |
| Ft Lauderdale, Florida 33312 | g Address) | | |
| The name, title or capacity and address of the personness. Ventures LLC MGQ | on(s) who has/have authority to manage is/are: | | |
| 330 SW 2nd Street, Building 111 | | - | |
| t Lauderdale, Florida 33312 | | _ | |
| . Attached is an original certificate of existence, no maying custody of records in the jurisdiction under the ceeptable. If the certificate is in a foreign language, a must be submitted) | law of which it is organized. (A photocopy is not | | |
| Danie Da Men | 1ca | | |
| | authorized person itutes an affirmation under the penalties of perjury that the facts stated her | | |

Daniel G. Musca

Typed or printed name of signee

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.)

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 Thesis S | | iability Company is: _ LC | | | _ |
|-------------------------|-----------------|---|------|--------------|-----------|
| If unavailable, t | he alternate to | be used in the state of Florida is: | FO | 2014/ | |
| 2. The name an | d the Florida s | treet address of the registered agent and office are: | 世界の発 | | ALEPHAN H |
| Daniel G. Musca, Esq. | | | | AM 10 43 | |
| | | (Name) | - 1 | TELL AMIL | |
| | 13139 V | V. Linebaugh Avenue, Suite 101 | ••• | | |
| | F | lorida Street Address (P.O. Box NOT ACCEPTABLE) | - | | |
| | Tampa | FL 33626 | _ | | |
| | | 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.

Signature)

\$ 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 "THESIS STUDIO 1, 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 EIGHTH DAY OF JULY, A.D. 2014.

5563056 8300

140915983

AUTHENTYCATION: 1514249

DATE: 07-08-14

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