Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : 120050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

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Foreign Limited Liability Company Laf Bleecker LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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 FURFICH DMITTOLIARII ILIYOO MDANYTO TDANGAOT BI KINGKO INTHE STATE OF IT

f name unavailable, enter alternate name adopted for the	purpose of transacting basis	ness in Florida. The alternate r	iame must includ	de "Limi	ited
Delaware	3. 47 - 15	340736			
(Jurisdiction under the law of which longin limited list company is organized)	3. 41-12	(Pb) number, if applie	able)		
August 8, 2014					
(1) ate tiest fransacie	d business in Florida, if prior & 605,0905, F.S. to determ	no registration.)			
147 West 35th Street, Suit		and the second			
New York, New York 1000	01		24		
147 West 35th Street, Suite	treet Address of Principal ()	flice)		Ĉ.	4
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New York, New York 1000				<u></u>	
,	(Malting Address)		r	Ç.D	y - 4.
. The name, title or capacity and address of	of the person(s) who l	nas/have authority to m	anage is/are	: 23	
hibault Adrien, Manager, 147 W	est 35th Street,	Suite 1804, New	York-10	001	
					
		<u> </u>	- <u></u>		
Attached is an original certificate of exist	ence, no more than 90) days old, duly auther	ticated by th	e offi	ciał
aving custody of records in the jurisdiction	under the law of whi	ch it is organized. (A p	hotocopy is	not	
ceptable. If the certificate is in a foreign is ust be submitted)	inguage, a translation	of the certificate unde	r oath of the	transl	ator
and the same same same same same same same sam	1-1-		~		
المتعاديد					

Thibault Adrien

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 Laf Bleed	the Limited Liability Co	mpany is:	,		
If unavailable, t	he alternate to be used in	the state of Florida is:			
2. The name ar	d the Florida street addre	ess of the registered agent and office are:			
	Incorporating	Services, Ltd.			
		(Name)	= <u>Fig</u>	7.	
	1540 Glenway Drive			4 AUG	
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	- 385 385		٠. ۋ
	Tallahassee	FL 32301		1	1
		City/State/Zip		65 63 63	÷.

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.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAF BLEECKER 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 ELEVENTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAF BLEECKER LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2014.

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

You may verify this certificate online at corp. deleware. gov/suthver. shiml

jeffrey W. Bullock, Secretary of State

TION: 1608414

DATE: 08-11-14