- Division of Corporations

Page 1 of 1



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Account Name : C T CORPORATION SYSTEM

dale of submission 8/20

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#### Foreign Limited Liability Company **NEWSER, LLC**

Certificate of Status	0
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S. YOUNG

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#### COVER LETTER

Division of Corporations  Newser, LLC		
30B3BC1:	e of Limited Liability Company	-
The enclosed "Application by Foreign Limited Linbi Existence, and check are submitted to register the ab	ulity Company for Authorization to Transact Business in Florida bove referenced foreign limited liability company to transact bus	," Centificate of diness in Florida
Please return all correspondence concerning this ma-	uter to the following:	
Julie A. Gracz		
	Name of Person	-
Gould & Ratner	LLP	
***************************************	Firm/Company	-
222 N. LaSalle	Street, Suite 800	
	Address	•
Chicago, IL 606	601	_
	City/State and Zip Code	NS F
compliance@go		三三
	(to be used for future annual report notification)	震撼 高田
For Airther information concerning this matter, please	se call:	- 総称 23 II
Julie A. Gracz	<sub>a1</sub> ,312 ,899-1663	iner 
Name of Contact Person	Arva Code Daysime Telephone Number	7 T 14 1
MAILING ADDRESS: Division of Corporations Registration Section P.O. flox 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassoo, FL 32301	3: 24 CATE CREDA
Enclosed is a check for the following amou  \$125.00 Piling Fee  \$130.00 Filing  Cortificate of	ng Fes & 🗏 \$155.00 Pilling Fee & 🔲 \$160.00 Filling Fee,	

## 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:

I. Newser, LLC	<del></del>
(Nune 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 "Libbility Company," "LLL.C." or "LLC.")	mited
2. Delaware	
[Innstitution under the law of which foreign limited liability (I-II mumber, if applicable) company is organized]	_
4. Upon qualification.	
(Plute first transacted business in Florida, If prior to registration.) (See sections 603.0904 & 603.0905, F.S. to determine penalty liability)	-
5, 1395 Brickell Avenue, Suite 800, Mlami, FL 33131	
	_
(Street Address of Principal Office)	
6. 1395 Brickell Avenue, Suite 800, Miami, FL 33131	••••
	高力
(Malling Address)	20
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Patrick J. Spain, Manager, 1395 Brickell Avenue, Suite 800, Miami, FL 33131	í:
Michael Wolff, Manager, 1395 Brickell Avenue, Suite 800, Mlami, FL 3313	9 1 24
Steve Vivian, Manager, 1395 Brickell Avenue, Suite 800, Miami, FL 33131	<u>-</u> J
Elisaboth Domarse, Hanager, 1395 Brickell Avenue, Suite 800, Minmi, FL 33131	_
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the of having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not	Ticial
acceptable. If the certificate is in a foreign lafiguage, a translation of the certificate under oath of the translation	islator
must be submitted)	
/ WA 27	
Signature of an authorized person	
(In accordance with section 605,0203, P.S., the execution of this document constitutes an affirmation under the penalties of purjuit that the facts and be an aware that any false information submitted in a document to the Department of State constitutes a tribit degree felony as provided for in s.817.155, F.8	rein are true. I .)
Patrick J. Spain	

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 C r, LLC	Company is:			
If unavailable	e, the alternate to be used	in the state of Florida is:			
2. The name	and the Florida street add	iress of the registered agent and office are:	<del></del>		
	NRAI Service	es, Inc.	Ts.		
		(Name)	ESE.		
	1200 South I	Pine Island Road	芸芸	3	
		eet Address (P.O. Box NOT ACCEPTABLE)		20	l 
	Plantation	<sub>th</sub> 33324	四次		,
		Clty/Sinte//ip	. <u>2</u> 2	رې	
			<b>5</b> m	25	
liahility com registered ag statutes relai	pany at the place designate zent and agree to act in this ting to the proper and comp	and to accept service of process for the above stated in this certificate, I hereby accept the appointment is capacity. I further agree to camply with the provist plete performance of my duties, and I am familiar wit is registered agent, as provided for in Chapter 605, Flo	ละ lons of all th and		
	\$ 10	00.00 Filing Fee for Application			

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

DAGE

### The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEWSER, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2007.

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

14 NUG 20 KM 3: 2 SECRETAR TO STATE

4474983 8300

141090867

You may worlfy this cortificate online

AUTHENTY CATION: 1634647

DATE: 08-20-14