DEPARTMENT OF STATE

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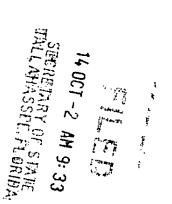
(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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ACCOUNT NO. : I2000000195

REFERENCE : 322580 4300435

AUTHORIZATION :

COST LIMIT :

ORDER DATE: October 2, 2014

ORDER TIME : 1:14 PM

ORDER NO. : 322580-005

CUSTOMER NO: 4300435

FOREIGN FILINGS

NAME: NE 2ND ACQUISITION LLC

XXXX C)UALIFICATI	ON (TYPE	: <u>LL</u>)			-21		
PLEASE	RETURN THE	FOLLOWING	AS PROOF	OF F	FILING:	ALC AF	14 001	
XX	CERTIFIED	COPY				ASSE NSSE	2	COMPLET OF THE PERSON OF THE P
XX		TE OF GOOD	STANDING			뜻유	*	
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CONTACT	PERSON:	Courtney W:	illiams -	- EXT	r# 62935	豆屑	ယ	

EXAMINER: ____

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: NE 2nd Acquisition LLC								
Name of Limited Liability Company								
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida								
Please return all correspondence concerning this matter to the following:								
Matthew A. Scoville								
Name of Person								
Hunton & Williams LLP								
Firm/Company								
200 Park Avenue, 52nd Floor								
Address								
New York, NY 10166								
City/State and Zip Code								
mscoville@hunton.com								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Matthew Scoville Name of Contact Person at (212) Area Code Daytime Telephone Number								
Name of Contact Person Area Code Daytime Telephone Number								
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301								
Enclosed is a check for the following amount:								
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy								

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: L NE 2nd Acquisition LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," (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) company is organized) August 2, 2013 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3050 Biscayne Blvd., Suite 301, Miami, FL 33137 (Street Address of Principal Office) 3050 Biscayne Blvd., Suite 301, Miami, FL 33137 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to managers/are Timothy Gordon, Managing Member David Arditi, Managing Member Joshua Benaim, Managing Member 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) Signature of an authorized person

Matthew A. Scoville, Authorized Signatory

(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

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:				
If unavailable	, the alternate to be used	ed in the state of Florida is:				
2. The name	and the Florida street ac	ddress of the registered agent and office are:				
	Corporation Service C	Company				
		(Name)	型。			
	1201 Hays Street		11 00 × 11 × 11 × 11 × 11 × 11 × 11 × 1			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Tallahassee	32301 FL	2 AH SEE.			
		City/State/Zip	AM 9: (
liability compo registered age statutes relativ	any at the place designa ent and agree to act in th ng to the proper and con	ent and to accept service of process for the above toted in this certificate, I hereby accept the appoi his capacity. I further agree to comply with the mplete performance of my duties, and I am famil as registered agent as provided for in Chapter 6	ntment as provisions of all liar with and			
(Corporation Service Cor		h Reyes t Secretary			
		100.00 Filing Fee for Application 25.00 Designation of Registered Agent				

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

\$ 5.00

:

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NE 2ND ACQUISITION 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NE 2ND ACQUISITION LLC" WAS FORMED ON THE THIRTIETH DAY OF JULY, A.D. 2013.

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

5375769 8300

ATION: 1741060

DATE: 09-30-14