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TALL ED

F. Buck (M. 1919)

COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: MORTHSibe Management 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:
Serena Jones King Name of Person
Firm/Company
11765 TORTOISE Way N. Address
Jacksonville, Florida 32218 City/State and Zip Code
Queeninvestore acc. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Serena Jones King at (904) 881-4980 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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: Sibe Maragement LLC

Foreign 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.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 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 thi 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 ain aware that any talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 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 the Limited Li	ability Company is:	
Upethside	Management LLC	
	0	
If unavailable, the alternate to l	ne used in the state of Florida is:	

2. The name and the Florida street address of the registered agent and office are:

Serena Jones King	SECRETA TALLAHA!	14 OCT	
11765 TORTO'SE Way No. Florida Street Address (P.O. Box NOT ACCEPTABLE)	RY OF ST	1 Hd 9	
Jacksonville FL 32018	TATE ORIDA	#. 55	الريبة

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)

SECRETARY OF STATE



14 OCT 16 PM 4: 55
SECRE VARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, NORTHSIDE MANAGEMENT, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 16, 2014, and is in good standing in this state.

O THE CONTRACTOR OF THE CONTRA

Electronic Certificate
Certificate Number: C20141008-1863
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 8, 2014.

ROSS MILLER Secretary of State