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## Foreign Limited Liability Company THE SYBARITE MANAGEMENT LLC

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#### 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:

1. THE SYBARITE MANAGEMENT LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability C	Company," "L.I.,C.," or "LI.C.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in F Liability Company," "L.L.C," or "LLC.")	orids. The alternate name must include "Limited		
2 DELAWARE 3			
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)		
4.			
(Date first transacted business in Florida, if prior to regis (See sections 605.0904 & 605.0905, F.S. to determine pena	tration.) lty liability)		
5. 13560 TAMIAMI TRAIL NORTH	San San San		
NAPLES, FL 34110	Fig 3 O		
(Street Address of Principal Office)	20% 25.		
6	10 m		
	~		
(Mailing Address)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
7. The name, title or capacity and address of the person(s) who has/har	ve authority to manage is/are:		
THE SYBARITE LLC, MANAGER			
615 S. DUPONT HIGHWAY			
DOVER, DE 19901			
8. Attached is an original certificate of existence, no more than 90 days having custody of records in the jurisdiction under the law of which it is acceptable. If the certificate is in a foreign language, a translation of the must be submitted)  Signature of an authorized personance with section 605.0203, F.S., the execution of this document constitutes an affirmation under am aware that any false information submitted in a good ment to the Department of State constitutes a third	old, duly authenticated by the official sorganized. (A photocopy is not eccrtificate under oath of the translator		
JEANNE L. SEEWALD	•		

Typed or printed name of signee

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#### 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.

The name of the Limited Liability Company is:     THE SYBARITE MANAGEMENT LLC						
If unavailable, the alternate to be used in the state of Florida is:						
2. The name	and the Florida str	eet address o	of the registered agent and office are:			
	HL Statu	tory Ag	ent, Inc.			
			(Name)	<u>-</u>		
			ay Boulevard, Suite 65	<u>50</u>		
	Naples	······································	FL 34108 City/State/Zip	-		
liability comp registered ag statutes relat	oany at the place des ent and agree to act ing to the proper an	signated in to in this capa d complete p	to accept service of process for the ability this certificate, I hereby accept the appaicity. I further agree to comply with the performance of my duties, and I am fastered agent as provided for in Chapte Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	pointment as he provisions of all miliar with and		

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# Delaware

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### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "THE SYBARITE MANAGEMENT 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 TWENTY-NINTH DAY OF OCTOBER, A.D.
2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE SYBARITE MANAGEMENT LLC" WAS FORMED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2014.

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

5606131 8300

141346556

You may verify this certificate online

AUTHENTICATION: 1819153

DATE: 10-29-14

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