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Florida Department of State
Division of Corporations
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Foreign Limited Liability Company
ROSSLARE PARTNERS LLC

Certificate of Status	0
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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **ROSSLARE PARTNERS LLC**

(Name 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 "Limited
Liability Company," "L.L.C.," or "LLC.")

2. **NEW YORK**(Jurisdiction under the law of which foreign limited liability
company is organized)3. **APPLIED FOR**

(FEI number, if applicable)

4. **UPON QUALIFICATION**

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **15 LONG LEDGE DRIVE****RYE BROOK, NEW YORK 10573**

(Street Address of Principal Office)


6. **15 LONG LEDGE DRIVE****RYE BROOK, NEW YORK 10573**

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

AMBR: JOHN BARRY O'BRIEN**7751 SE LITTLE HARBOR DRIVE, HOBE SOUND, FL 33455**

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

(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.)

JOHN BARRY O'BRIEN_____
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.

1. The name of the Limited Liability Company is:

ROSSLARE PARTNERS LLC

If unavailable, the alternate to be used in the state of Florida is:

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

JOHN BARRY O'BRIEN

(Name)

7751 SE LITTLE HARBOR DRIVE

Florida Street Address (P.O. Box NOT ACCEPTABLE)

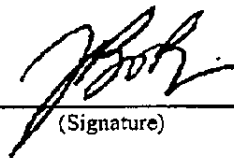
HOBE SOUND

FL

33455

City/State/Zip

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.

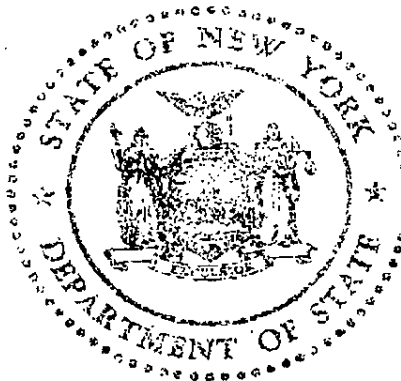


(Signature)

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State of New York
Department of State } ss:

I hereby certify, that ROSSLARE PARTNERS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/11/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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DEPARTMENT OF STATE

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 17th day of November two
thousand and fourteen.

Anthony Scardino

Executive Deputy Secretary of State