## Florida Department of State

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#### Foreign Limited Liability Company Haven National, LLC

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11/25/2014

NOV 2 6 2014

#### **COVER LETTER**

SUBJECT: _		Haven N	ational, LLC		
CODUMET: _		Name of Limite	d Liability Company		
Existence, and	check are submitted	to register the above refer	enced foreign limited lie	o Transact Business in Florida bility company to transact bus	
Please return a	н соптевропавное с	encerning this matter to the	: ratiowing:		
	Katherine Denc	l			_
		N	ame of Person		•
	Pretium Parine	s, LLC			
		P	irm/Company		-
	1633 Broadway	28th Floor			
			Address		•
	New York, NY	10019			
			tate and ZIp Code		•
	kdencl@pretium	partnersile.com			
		E-mail address: (to be use	d for future named report r	otification)	
For further inf	ormation concerning	this matter, please oall:			·
Terr	once G. Boyle		at ( 212 )	318-6518	
	Name of	Contact Person	Area Code	Daytime Telephone Number	
	LING ADDRESS:	Divisio	ET ADDRESS: in of Corporations		
	tration Section Box 6327		ation Section Building		•
	hnssee, FL 32314	2661 E	ecutive Center Circle		
Enclosed is	a check for the fi	ollowing amount:			
□ ¢i	25.00 Filing Fee	□ \$130.00 Filing Fee &	S155.00 Filing Fee	a & S160.00 Filing Fee, of Status & Certific	

# 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 LÍMITED LIABILITY COMPANY TO TRANSACT DUSINESS IN THE STATE OF FLORIDA:

1.	Haven Nettenal, LLC
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited ability Company," "L.L.C," or "LLC.")
2.	Delayure 3, 32-0444494
7	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company (a organized)
4.	As T
٦.	(Date first transacted business in Florida If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine parally liability)
5.	1633 Broadway, 28th Floor
	the second secon
	New York, NY 10019 (Sirect Address of Principal Office)
6.	1633 Broadway, 28th Floor
	New York, NY 10019
	(Mailing Address)
7.	. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
	Haven National Holdings, LLC, Managing Member, 1633 Broadway, 28th Floor, New York, NY 10019
_	
_	· · · · · · · · · · · · · · · · · · ·
8.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official
ha	lying custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not
	ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted)
	The ABul
	Signature of an authorized person
(in	accordance with section 605.0203, P.S., the execution of this decument constitution affirmation under the penalties of perjury that the facts stated herein are true. I award that any fifth degree felous na provided for in a 217.155, P.S.)
	Terrence G. Boyle, Authorized Person
	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)Xd), 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 L	iability Compa	my is:	
Haven Nat	ional, LLC	<del></del>	·	
If unavailable	e, the alternate to	be used in the	state of Florida is:	
				Por
2. The name	and the Plorida s	street address o	f the registered agent and office at	re:
	C T Corporation	on System	,	To the second
	<del></del>		(Namc)	
	1700 South Pin	e Island Doed		LOSTA
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Plantation	·	FL 33324	
			City/Sute/Zip	
liability comp registered ag statutes relati	pany at the place of ent and agree to d ing to the proper of	designated in the capacity of the complete position as registed	o accept service of process for the ais certificate, I hereby accept the activ. I further agree to comply with erformance of my duties, and I ampered agent as provided for in Chaptaneo	appointment as In the provisions of all familiar with and
		\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agen Certified Copy (optional) Certificate of Status (optional)	it

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAVEN NATIONAL, 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-FIFTH DAY OF NOVEMBER, A.D. 2014.

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

5539531 8300

141456233

You may verify this certificate online at corp. delevare, gov/authver. shtml

UTHENTICATION: 1899482

DATE: 11-25-14