# M14000008586

(Requestor's Name)	_	
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PICK-UP WAIT MAIL		
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SECRETARY OF STATE



ACCOUNT NO. : 12000000195
REFERENCE : 397249 4300123
AUTHORIZATION: Spelbelle man
COST LIMIT : \$ 125.00
ORDER DATE: December 2, 2014
ORDER TIME : 10:50 AM
ORDER NO. : 397249-005
CUSTOMER NO: 4300123
FOREIGN FILINGS
NAME: SSR INVESTOR, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Courtney Williams EXT# 62935

EXAMINER:

#### 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. SSR INVESTOR, 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 missincluse 'Limited' Liability Company,' "L.L.C," or "LLC.")
2. Delaware 3.
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(See sections 605.0904 & 605.0905, F.S. to defermine penalty liability)  5. c/o Galaxy Fund Management, LLC, 4000 Ponce de Leon Blvd., Suite 470
Coral Gables, FL 33146
(Street Address of Principal Office)
6. c/o Galaxy Fund Management, LLC, 4000 Ponce de Leon Blvd., Suite 470
Coral Gables, FL 33146
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Galaxy Investment Management, LLC, Managing Member
c/o Galaxy Fund Management, LLC, 4000 Ponce de Leon Blvd., Suite 470
Coral Gables, FL 33146
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)
/s/ Gabrielle Flaum
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, 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.)
Gabrielle Flaum

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.

The name of the Limited Liability Company is:  SSR INVESTOR, LLC					
If unavailable	, the alternate to be used	in the state of Florida is:			-
2. The name	and the Florida street add	dress of the registered agent and office are:	SECRE	14 DEC	
	Corporation Service Co	ompany	IXXX VIVI	2-3	Contraction
		(Name)		PH	'n
	1201 Hays Street		FLORIDA	<b>4:25</b>	O
Florida Street Address (P.O. Box NOT ACCEPTABLE)				ĊŇ	
	Tallahassee	32301 FL City/State/Zip	<del></del>		
		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.

Corporation Service Company	Courtney Williams
By:	Asst. Vice President
(Signature)	

\$ 100.	00 Fi	ling Fee for Application
\$ 25.	00 D	esignation of Registered Agent
\$ 30.	00 C	ertified Copy (optional)
<b>\$</b> 5.	00 C	ertificate of Status (optional)

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SSR INVESTOR, 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 SECOND DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SSR INVESTOR, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2014.

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

FILE DATE SECRETARY OF STATE SECRETARY OF STATE

5634092 8300

141472112

AUTHENTYCATION: 1911308

DATE: 12-02-14

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