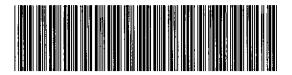
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SEURETARY OF STATE

DEPARTMENT OF STATE

DEC 1 8 2014

T. BROWN

ACCOUNT NO. : 12000000195 REFERENCE: 423988 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: December 16, 2014 ORDER TIME : 9:11 AM ORDER NO. : 423988-010 CUSTOMER NO: 4311863 FOREIGN FILINGS NAME: SAFE PASSAGE MANAGEMENT, LLC XXXX QUALIFICATION (TYPE: LL) 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:

11

COVER LETTER

SUBJECT:			gement, LLC	
				ansact Business in Florida," Certificate o y company to transact business in Florida
Please return all	correspondence co	ncerning this matter to th	e following:	
		1	Name of Person	
			Firm/Company	
	·		Address	11144
		City/s	State and Zip Code	
		E-mail address: (to be use	ed for future annual report notific	ation)
For further inform	mation concerning	this matter, please call:		
	Name of	Contact Person	at () Da	ytime Telephone Number
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314	Divisi Regist Cliftor 2661 I	ET ADDRESS: on of Corporations ration Section a Building Executive Center Circle assee, FL 32301	·
		llowing amount: □ \$130.00 Filing Fee &	□ \$155.00 Filing Fee &	☐ \$160.00 Filing Fee, Certificate

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. Safe Passage Management 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.} Delaware _{3.} 32-0440608
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 915 Broadway, Suite 1200, New York, NY 10010
(Street Address of Principal Office)
6. 915 Broadway, Suite 1200, New York, NY 10010 第5 5
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Jack Stern - 915 Broadway, Suite 1200, New York, NY 10010 - Manager
Seth Neubardt - 915 Broadway, Suite 1200, New York, NY 10010 - Manage
Daniel Siegel - 915 Broadway, Suite 1200, New York, NY 10010 - Manager
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, 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.)
Daniel Siegel, Manager

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.

1. The name Safe Passage	Property of the second			
If unavailable	e, the alternate to be used	in the state of Florida	is:	THE THE STATE OF T
2. The name	and the Florida street add	lress of the registered a	agent and office are:	<u> </u>
	Corporation Service Co	mpany		
	-	(Name)		
	1201 Hays Street			
	Florida Stre	eet Address (P.O. Box NO)	ΓACCEPTABLE)	
	Tallahassee	3230 FI.	91	
		City/State/Zip		
liability comp registered ag statutes relati	named as registered agent cany at the place designate ent and agree to act in this ing to the proper and comp ligations of my position as	ed in this certificate, I h s capacity. I further ag plete performance of m	nereby accept the appointn gree to comply with the pro ny duties, and I am familia	ment as ovisions of all r with and
	Corporation Service Company		Courtney	Williams
	ву: См	(Signature)	Asst. Vice	President
		00.00 Filing Fee for 25.00 Designation o	Application f Registered Agent	

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

\$ 5.00

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SAFE PASSAGE 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 SEVENTEENTH DAY OF DECEMBER, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFE PASSAGE MANAGEMENT LLC" WAS FORMED ON THE NINTH DAY OF APRIL, A.D. 2014.

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

5514078 8300

141547622

Jeffrey W Bullock, Secretary of State
AUTHENTICATION: 1965598

DATE: 12-17-14

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