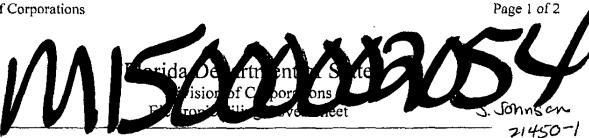
Division of Corporations



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(((H150000688263)))



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From:

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Fax Number

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Foreign Limited Liability Company Resolvly LLC

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Help

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

| TRANSACT BUSINESS IN FLORIDA | | |
|--|--------------------|--|
| IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIST FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. RESOLVLY LLC | ER A | |
| (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 "Limit Liability Company," "L.L.C." or "L.L.C.") | ed | |
| _{2.} DELAWARE _{3.} 47-2882543 | | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company (s organized) | | |
| 4. UPON FILING | | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | | |
| 5. 900 E. ATLANTIC AVENUE, SUITE 7 | | |
| DELRAY BEACH, FL 33483 | | |
| (Street Address of Principal Office) 6. 900 E. ATLANTIC AVENUE, SUITE 7 | 4417 | |
| DELRAY BEACH, FL 33483 | £#16. | |
| (Muiling Address) | - | |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: | 1 | |
| GREGORY P. FISHMAN, MANAGER | Printers Bushin | |
| 900 E. ATLANTIC AVENUE, SUITE 7 | | |
| DELRAY BEACH, FL 33483 | | |
| B. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officinaving 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 translations be submitted) Signature of an authorized person In accordance with section 603,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjuty that the facts stated herein at maware that any false information submitted in a document to the Department of State constitutes a third degree (closy as provided for in s. \$17.155, F.S.) | or . | |
| GREGORY P. FISHMAN | | |

Typed or printed name of signee

H150000688263

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.

| • | pany is: | | |
|--------------------------------|---|---|--|
| the alternate to be used in th | ne state of Florida is: | | |
| nd the Florida street address | of the registered agent and office are: | | |
| P. BENJAMIN | | - X: 2 | |
| 2650 N. MILITA | | IS HAR | CHARLE . |
| Florida Street Ac | idress (P.O. Box NOT ACCEPTABLE) | 3386 34.6 1.8 | |
| BOCA RATON | FL 33431 City/State/Zip | 12: 2 STATE 19:410 | THE REAL PROPERTY. |
| | the alternate to be used in the alternate to be used in the street address P. BENJAMIN 2650 N. MILITA Florida Street Address | the alternate to be used in the state of Florida is: Indicate the Florida street address of the registered agent and office are: P. BENJAMIN ZUCKERMAN, ESQ. (Name) 2650 N. MILITARY TRAIL, SUITE 240 Florida Street Address (P.O. Box NOT ACCEPTABLE) BOCA RATON FL 33431 | the alternate to be used in the state of Florida is: Indicate the alternate to be used in the state of Florida is: Indicate the Florida street address of the registered agent and office are: P. BENJAMIN ZUCKERMAN, ESQ. (Name) (Name) Florida Street Address (P.O. Box NOT ACCEPTABLE) BOCA RATON PH. 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)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

H15000068826 3

Delaware

PACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESOLVLY 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 TWELFTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESOLVLY LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2015.

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

5679821 8300

150348362

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

AUTHENTICATION: 2193748

DATE: 03-12-15