PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
18 JUN 21 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M15000002569

1. Limited Liability Company's Name
NCN Management, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3512 Quentin Rd	(Same as Item 2)
Suite, Apt. #, etc.: Suite 110	Suite, Apt. #, etc.:
City & State: Brooklyn, NY	City & State:
Zip: 11234 / Country: USA	Zip: / Country:

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 4/9/2015

6. FEI Number: 47-2971832 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

300315011713

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
	See Schedule A attached.		

11. E-mail Address: vcohen@cheservices.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that any false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date _____ Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager _____ T MOORE

JUN 21 2018

SCHEDULE A

NCN MANAGEMENT, LLC

Names and Street Addresses of Authorized Representatives/Managers

Name	Office	Address
Michael Lawler	Chief Executive Officer	3512 Quentin Rd, Suite 110, Brooklyn, NY 11234, USA
Victor Cohen	Chief Financial Officer	3512 Quentin Rd, Suite 110, Brooklyn, NY 11234, USA
Nathan Treitel	Chief Operating Officer	3512 Quentin Rd, Suite 110, Brooklyn, NY 11234, USA
Raphael Treitel	President	3512 Quentin Rd, Suite 110, Brooklyn, NY 11234, USA
Casey Lynch	Vice President & Secretary	3512 Quentin Rd, Suite 110, Brooklyn, NY 11234, USA
Melissa Francis	Treasurer	3512 Quentin Rd, Suite 110, Brooklyn, NY 11234, USA
William Whitely	Executive Chairman	3512 Quentin Rd, Suite 110, Brooklyn, NY 11234, USA

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 6/21/2018

Acc#I20160000072

Name:	NCN Management, LLC (DE)
Document #:	
Order #:	11036072

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: Certified:

Plain:

COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 546.25

2018 JUN 21 PM 3:38

Thank you!