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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 580386 4814293

AUTHORIZATION : XXXXII DE DOCA

COST LIMIT : \$/125.00

ORDER DATE: April 7, 2015

ORDER TIME : 9:27 AM

ORDER NO. : 580386-010

CUSTOMER NO: 4814293

FOREIGN FILINGS

NAME: BLUE HARVEST FOODS, 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:

COVER LETTER

TO:

.

TO:	Registration Section Division of Corporations		
SUBJI	Blue Harvest Foo	ods, LLC	
		ne of Limited Liability Company	
The en Exister	enclosed "Application by Foreign Limited i.ial ence, and check are submitted to register the a	bility Company for Authorizat	tion to Transact Business in Florida," Certificate of Mahility company to transact business in Florid
Please	e return all correspondence concerning this m	atter to the following:	
	Michelle Riley		
		Name of Person	
	Bregal Investm	ents, Inc.	
	The state of the s	Firm/Сотралу	
	277 Park Avęn	ue, 29th Floor	r, Suite B
		Address	
	New York, NY	10172	
		City/State and Zip Code	
	mriley@bregal.	com	
	E-mail address	(to be used for future annual rep	port sodification)
For fur	orther information concerning this matter, plea	se call:	
	Michelle Riley	_{at} 212) 5736235 Daytime Telephone Number
	Name of Contact Person	Area Code	Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle
Enclo	osed is a check for the following amou		
	■ \$125.00 Filing Fee		

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. Blue Harvest Foods, 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 (Jurisdiction under the law of which foreign limited liability (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 277 Park Avenue, 29th Floor, Suite B New York, NY 10172 (Street Address of Principal Office) 277 Park Avenue, 29th Floor, Suite B New York, NY 10172 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Blue Harvest Fisheries, LLC (MEMBER) 277 Park Avenue, 29th Floor, Suite B New York, NY 10172 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 SIGNATURE (I) an antimotized person

Fig. 1. So person of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are use I submitted in a document to the Department of State constitutes a third degree fellow as provided for in a 817.155, F.S.) am aware that any false informate Jeffrey W! Davis

yped or printed name of signce

SECRETARY OF STA

2815 APR 10 PM 1: 1

CERTÍFICATE 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 of the Limited Liabi	lity Company is:
Blue Harvest Foods	, LLC
If unavailable, the alternate to be	used in the state of Florida is:
2. The name and the Florida street	address of the registered agent and office are:
Corporation	on Service Company
	(Name)
1201 Hay	s Street
Florid	a Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee	FI, 32301
	City/State/Zip
liability company at the place desi, registered agent and agree to act i statutes relating to the proper and accept the obligations of my positi	agent and to accept service of process for the above stated limited gnated in this certificate. I hereby accept the appointment as a this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and an as provided for in Chapter 605, Florida
Statutes.	Courtney Williams Asst. Vice President
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE

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Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BLUE HARVEST FOODS, 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 SEVENTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUE HARVEST FOODS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5560065 8300

150479001

AUTHENTICATION: 2270313

DATE: 04-07-15

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