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MAY = 6 2015 **T. BROWN**  CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 616980 7702303							
AUTHORIZATION CAMEBOLETAGE							
COST LIMIT \$125.00							
ORDER DATE: May 5, 2015							
ORDER TIME : 2:33 PM							
ORDER NO. : 616980-005							
CUSTOMER NO: 7702303							
FOREIGN FILINGS							
NAME: PROVMARK, 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							

EXAMINER:

CONTACT PERSON: Lydia Cohen -- EXT# 62974

## 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 TUMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

PROVMARK, LLC		or respective			
(Name of Fore	ign Limited Liability C	ompany; must include	e "Limited Liability	Company," "L.L.C.," o.	· "LLC.")
(If name unavailable, enter alt Liability Company," "L.L.C,"	ernate name adopted fe or "LLC.")	or the purpose of trans	sacting business in	Florida. The alternate na	me must include "Limited
2 Delaware		3.	47-3910790		
(Jurisdiction under the law of company is organized)	of which foreign limited	I liability	(i	El number, if applicable	
4	(Date first trans	sacted business in Flo ,0904 & 605.0905, F.	orida, if prior to regi S, to determine per	stration.)	_
5. 79 Wellington St. W., S					<b>5 5</b>
Torento, ON M5K1H1					15 HAY -5 PH IZ: 20
		Address of Principal	Office)		
6. 79 Wellington St. W.	., Suite 1630				
Toronto, ON M5K 1F	<b>-1</b> 1				OF N
		(Mailing Address)	)		-
7. Name and street addres	s of Florida registere	d agent: (P.O. Box	NOT acceptable	•)	77
Name:	Corporation Servic	e Company			
Office Address:	1201 Hays Street				
	Tallahassee	(City)	, , F	lorida <u>32301</u> (Zip code)	
Registered agent's accept	tance,	(Chy)		(Vil) code)	
Having been named as re, this application, I hereby with the provisions of all s the obligations of my posi	gistered agent and to accept the appointm statutes relative to th	ent as registered ag e proper and comp ent.	gent and agree to lete performance	act in this capacity. I	n at the place designated in I further agree to comply m familiar with and accept
	Dwight Coots, Vice	President	ent s signature)		
8. The name, title or capa Grant White, Manager	icity and address of the	he person(s) who ha	as/have authority	to manage is/are:	
79 Wellington St. W., Sui	te 1630		——————————————————————————————————————		•
Toronto, ON M5K1H1		<del></del>			And the second s
9. Attached is a certificate jurisdiction under the law of the translator must be sa	of which it is organiz	e than 90 days old, ed. (If the certificat	duly authenticate te is in a foreign l	d by the official havin anguage, a translation	g custody of records in the of the certificate under oath
		/s/ Mark Z	Zafrin		
		Signature of an au			
	true. I am aware that	any false information			er the penalties of perjury that rtment of State constitutes a third

Typed or printed name of signee

Mark Zafrin

## Delaware

## The First State

Alle State of the I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROVMARK, 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 FIFTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROVMARK, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2015.

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

5730813 8300

150613755

Jeffrey W Bullock, Secretary of State AUTHENTICATION: 2347936

DATE: 05-05-15

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