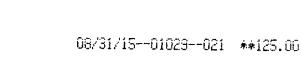
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COVER LETTER

TO:

TO:	Registration Section Division of Corporation	ons		
SUBJI	ЕСТ:	110 Capital LLO Name of	Limited Liability Company	
				ansact Business in Florida," Certificate of y company to transact business in Florida
Please	return all correspondence	concerning this matter to the	following:	
		Noelle Nicula	ame of Person	
		A10 Capital F	irm/Company	
		800 W. Main	Street, #1100 Address	
		Buise 10 City/S	83702_ tate and Zip Code	
			10 Capital, com d for future annual report no	
For fur	ther information concerni	ing this matter, please call:		
	Noelle Ni Name	of Contact Person	at (7-5001 ytime Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns	Division Registrat Clifton E 2661 Ex	of Corporations tion Section Building ecutive Center Circle see, FL 32301
Enclos	ed is a check for the follows \$125.00 Filing Fee	wing amount: \$\square\$ \$\square\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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: A 10 Cay I fal 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") 80 -0803847 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: Office Address, 1201 Hays Street Tallahassee Florida 32301 Registered agent's acceptance: Having been named as registered agent and to accept pervice of pracess for the above stated corporation at the place designated in this application. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; 83702 9. Attached is a 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. (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 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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. Jerry Dung
Typed or printed name of signee

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "A10 CAPITAL, 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 FOURTEENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "A10 CAPITAL, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2007.

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

4349011 8300

151048673

AUTHENTY CATION: 2555246

DATE: 07-14-15

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