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Foreign Limited Liability Company Creekwood Management LLC

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S. YOUNG

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August 26, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: AL GROUP WORLDWIDE LLC

REF: L15000130747

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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P.O BOX 6327 - Tallahassee, Florida 32314

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CREEKWOOD MANAGEMENT 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 EIGHTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CREEKWOOD

MANAGEMENT LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

PAID TO DATE.

15 SEP -8 M 9 54

Authentication: 10007477

Date: 09-08-15

	THON 605.0902, FLORIDA STATUTES, THE FOLLO ISINESS INTHE STATE OF FLORIDA:	DIVING IS SUBMITTED TO REGISTER A	FOREIGN LIMITED LIABILITY
1. Creekwood Manageme			
(Name of For	eign Limited Liability Company; must include "Li	mited Liability Company," "L.L.C.," or	"LLC.")
Liability Company," "L.L.C."	ternale name adopted for the purpose of transaction "or "(LLC.")	ng business in Florida. The alternate nam	e must include "Limited
2. Delaware	3.		_
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FBI number, if applicable)	 .
4	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.)	-
5. 2158 82nd Street, Broo		determine penalty raidinty)	_
·			-
6. 2158 82nd Street, Broo	(Street Address of Principal Offi sklyn, NY 11204	ice)	
· · · · · · · · · · · · · · · · · · ·			- Ta
	(Mailing Address)		
7. Name and street addres	ss of Florida registered agent: (P.O. Box NO	OT acceptable)	で表現で、音
Name:	Vcorp Services, LLC		MY WITH
Office Address:	5011 South State Road 7, Suite 106		TST ≥ O
	Davie	Florida 33314	13 9 5 13 9 5
	(City)	(Zip code)	- 177
this application, I hereby with the provisions of all	rgistered agent and to accept service of proce accept the appointment as registered agent statutes relative to the proper and complete ition as registered agent.	and agree to act in this capacity. I j	further agree to comply
•	(Registered agent's	signature)	-
8. The name, title or cap: Pinchos D. Shemano, Ma	acity and address of the person(s) who has/ha	we authority to manage is/are:	
Pinchos D. Shemano, wa	nuger		
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is ubmitted)		
	Signature of a futbor	ized person	-
This document is executor submitted in a document to	d in accordance with section 605.0203 (1) (b), to the Department of State constitutes a third d	, Florida Statutes. I am aware that an legree felony as provided for in s.817	y false information .155, F.S.
	Pinchos D. Shemano		-
	Typed or printed name	of signee	_