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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

Fax Number

: (850)205-8842 : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company NFE Management LLC

Certificate of Status 0 0 Certified Copy 04 Page Count \$125.00 Estimated Charge

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Help

10/1/2015 10:00:51 AM From: To: 8506176383( 2/4 )

		· ·	OVER LETTER		
TO:	Registration Section Division of Corporat	ions			
SUBJ	NFE Managemen	LLC			,
		Name o	of Limited Liability Co	mpany	~
The co	nciosed "Application by F mee, and check are submi	oroign Limited Liability Control to register the above reference.	mpany for Authorization	on to Transact Business in Florid Liability company to transact bu	a," Certificate of siness in Florida
Please	return all correspondence	ooncerning this matter to th	ne following:		
	Rutzy Lualhi	ati	,		
	<del> </del>		Name of Person	····	<del></del>
	FIO LLC				
		İ	Firm/Company		<del>-</del>
· · · · ,		of the Americas 46th floor	**************************************		e de la companya de l
	<del>- 11</del> ++11		Address		<b></b>
	New York, N	cw York 10105			
		Clty/	State and Zip Code		<del>-</del>
	rlualhati@forti	<del>033</del> .com			
٠.		E-mail address: (to be use	ed for future annual re	oort notification)	~
For fur	ther information concerni	ng this matter, please call:			
.t	Rutzy Lualhati	•	212 at ( )	798 6100	
	Namo	of Contact Person	Area Code	Daytime Telephone Number	_
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Di Re CI 26	REET ADDRESS: vision of Corporations egistration Section iften Building 61 Executive Center Circle lishessee, FL 32301	
Enclose	d is a check for the follow \$125.00 Filling Fee	ving amount:  \$130.00 Filing Fee & Certificate of Status	S155,00 Filing F	ec & 🛘 \$160.00 Filing Fee, C	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA .

(Name of Fo	eign Limited Liability Company; m	ust include "Limite	d Liability Company." "L.L.C.," or "L	J.C,")
Liabitity Company," "L.L.C	diternate name adopted for the purpo	so of transacting bu	usinoss in Florida. The alternate name	must include "Limited
2. Delaware		2 N/A		
(Jurisdiction under the lex- company is organized)	of which foreign limited liability	3. <u></u>	(FBI number, if applicable)	<del> </del>
4	(Date first transacted busin (See sections 605,0904 & 605	ess in Florida, if pr	for to registration.)	
5. c/o FIG LLC 1345 Av	enue of the Americas NY, NY 1	5.0905, 1-25, to dete 0105	mine penatty liability)	
		<u>-                                    </u>		= ~
6 c/o FIG LLC 1345 Ave	(Street Address of nue of the Americas NY, NY 1	Principal Dillios) 0105	The state of the s	
	title to the second and the second se	· · · · · · · · · · · · · · · · · · ·	Marine Commission of the Commi	
	(Mailing	Address)	<del></del>	SS - 1
7 Norma and steeps address	s of Florida registered agent: (P	A Row NOTes	oentahla)	<u> </u>
7. Hattle and Strass addices	_ • •			
Name:	C T Corporation System			ES &
Office Address:	1200 South Pine Island Road	<del></del>		発生 3
•	Plantation		Florida 33324	3 N
Registered agent's accept	(City)		(Zip cocie)	
designated in this applicate to complywith the provision accept the obligations of a	ton, I hereby accept the appoint ms of all statutes relative to the my position as registered agent. C T Corporation S	tment as registere proper and comp	r the above stated limited liability ed agent and agree to act in this co- lete performance of my duties, ar  Joe Villeda  Joe Sistant Secre	apacity. I further agre nd I am familiar with a
# The same Mile as asses		ستسميسيد و در	shaulter en mann av Palana	
Joseph P. Adams Jr Pres	sity and address of the perion(n)	=	nority to manage is/are: nief Operating Officer	
	·			<del></del>
Demetrios Tserpolis - Chie	f Pinancial Officer Camero	n MacDougali - S	Secretary	
all officers have the same t	ousiness address: c/o FIG LLC 1	345 Avenue of th	e Americas NY, NY 10105	<del></del>
	f which it is organized. (If the co		nticated by the official having cust reign language, a translation of the	

Typed or printed name of signed

Joseph P. Adams Jr.

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "NFE 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2015.

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

5821392 8300

SR# 20150330552

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

Jaffrey W. Summer, Sherridary of Bills

Authentication: 10160274

Date: 09-30-15