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Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL
 Account Number : I20050000052
 Phone : (850)656-7956
 Fax Number : (850)656-7953

****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
 DD & L ASSOCIATES LLC

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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. **DD & L ASSOCIATES 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. **New York**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **20-3138715**

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **415 Park Avenue**

Rochester, NY 14607

(Street Address of Principal Office)

6. **415 Park Avenue**

Rochester, NY 14607

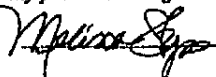
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: **Incorporating Services, Ltd.**
Office Address: **1540 Glenway Drive**
Tallahassee, Florida **32301**
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.



Melissa Stops

(Registered agent's signature)

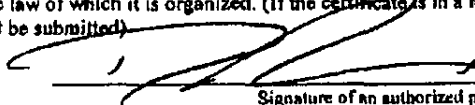
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

David Dworkin, Member

415 Park Avenue

Rochester, NY 14607

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.

David Dworkin

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that DD & L ASSOCIATES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/29/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

An Affidavit of Publication of DD & L ASSOCIATES LLC was filed on 09/15/2005.

An Affidavit of Publication of DD & L ASSOCIATES LLC was filed on 09/15/2005.

A Biennial Statement was filed 04/06/2007.

A Biennial Statement was filed 04/10/2009.

A Biennial Statement was filed 05/03/2011.

A Biennial Statement was filed 04/09/2013.

A Biennial Statement was filed 04/02/2015.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 21st day of October
two thousand and fifteen.

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State