## M15000009139

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| <b>(</b> ,                              |
| (Document Number)                       |
| ,                                       |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 871115 5012771

AUTHORIZATION

COST LIMIT ://s 125.00

ORDER DATE: November 12, 2015

ORDER TIME : 11:47 AM

ORDER NO. : 871115-005

CUSTOMER NO: 5012771

#### FOREIGN FILINGS

NAME: ABF5A LLC

XXXX\_ QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

**Registration Section** 

TO:

#### **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: ABF5A LLC  |
| Name of Limited Liability Company   |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida |
| Please return all correspondence concerning this matter to the following:   |
| Lisa Mattson  |
| Name of Person  |
| Access Industries, Inc.   |
| Firm/Company  |
| 730 Fifth Avenue, 20th Floor  |
| Address   |
| New York, New York 10019  |
| City/State and Zip Code   |
| Imattson@accind.com   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Lisa Mattson at (212 Area Code Daytime Telephone Number Daytime Telephone Number  |
| Name of Contact Person Area Code Daytime Telephone Number   |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301                                   |
| Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc   |

### 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 ABF5A 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 Liability Company," "L.L.C," or "LLC.")  | e alternate name must include "Limited                      |
| <sub>2.</sub> Delaware  |   |
| (Jurisdiction under the law of which foreign limited liability company is organized) (FEI nu  | ber, if applicable)   |
| 4. upon registration  |   |
| (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liabi  | ry)   |
| <sub>5.</sub> 730 Fifth Avenue, 20th Floor  | 2015<br>A C C C C C C C C C C C C C C C C C C C             |
| New York, New York 10019  | 26 0  |
| (Street Address of Principal Office)  6. 730 Fifth Avenue, 20th Floor   | See 5   |
|   | <u></u>   |
| New York, New York 10019  (Mailing Address)   | 9 36  |
|   | •   |
| 7. The name, title or capacity and address of the person(s) who has/have aut  | ority to manage is/are:                                     |
| Alex Blavatnik - manager  |   |
| 730 Fifth Avenue, 20th Floor  |   |
| New York, New York 10019  |   |
| 8. Attached is an original certificate of existence, no more than 90 days old, of having custody of records in the jurisdiction under the law of which it is organ acceptable. If the certificate is in a foreign language, a translation of the certificate is usually be submitted)  Docusigned by:  Signature of an authorized person  (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the peam aware that any false information submitted in a document to the Department of State constitutes a third degree | ized. (A photocopy is not cate under oath of the translator |

Typed or printed name of signee

Alex Blavatnik

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name                                      | ne of the Limited Liability Company is:  |  |
|--|--|--|
| If unavailabl                                    | ble, the alternate to be used in the state of Florida is:  |  |
| 2. The name                                      | ne and the Florida street address of the registered agent and office are:  |  |
|  | Corporation Service Company  |  |
|  | (Name)   | <del>-</del>                               |
|  | 1201 Hays Street   | SEC  |
|  | Florida Street Address (P.O. Box NOT ACCEPTABLE)   |  |
|  | Tallahassee 32301  | 26.4<br>27.9<br>28.4                       |
|  | City/State/Zip   | - PS<br>- PS<br>- PS                       |
| liability com<br>registered ag<br>statutes relat | on named as registered agent and to accept service of process for the above impany at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the parting to the proper and complete performance of my duties, and I am familiabligations of my position as registered agent as provided for in Chapter 60 | tment as<br>rovisions of al<br>ar with and |
|  | Corporation Service Company  By:  Melissa Zendon   |  |
|  | By: Melissa Zender  (Signature) Asst. Vice Presider  | nt   |
|  | \$ 100.00 Filing Fee for Application   |  |

\$ 25.00

\$ 30.00

5.00

\$

Designation of Registered Agent

**Certificate of Status (optional)** 

**Certified Copy (optional)** 

<u>9</u> 37

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# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ABF5A 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 TWELFTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ABF5A LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2015.

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

5875259 8300

SR# 20150897492

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

Jelliey W. Bullsch, Secretary of State

Authentication: 10412351

Date: 11-12-15