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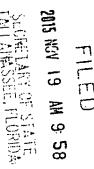
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COVER LETTER

	vivision of Corporation	ns					
SUBJECT	ROYTRAN SERV	ICES LLC					
Name of Limited Liability Company							
The enclos Existence,	sed "Application by Fo and check are submitte	reign Limited Liability Comp ed to register the above refer	oany for Authorization to Tr enced foreign limited liabilit	ansact Business in Florida," Certificate ty company to transact business in Flori			
lease retu	irn all correspondence	concerning this matter to the	following:				
	THOMAS FA	LKNER					
		N	ame of Person				
	ALVAREZ &	MARSAL TAXAND, LLC					
	Firm/Company						
	600 BRICKEL	600 BRICKELL AVENUE, SUITE 2950					
			Address				
	MIAMI, FLOR	RIDA 33131					
		City/S	tate and Zip Code				
	TFALKNER@A	LVAREZANDMARSAL.C	ОМ				
		E-mail address: (to be use	d for future annual report no	tification)			
or further	information concerning	g this matter, please call:					
THOMAS FALKNER		305 704-67	713				
_	Name o	of Contact Person		ytime Telephone Number			
D R P.	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314		Division Registra Clifton E 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301			
	s a check for the follow 1 \$125.00 Filing Fee	ving amount: \$\Boxed{\Boxes} \text{\$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:

1. ROYTRAN SERVICE			
(Name of Ford	eign Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC	")
(If name unavailable, enter al Liability Company, "L.L.C," 2 DELAWARE	Iternate name adopted for the purpose of transacting but or "LLC.") 3. 4743748		st include "Limited
(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)	
company is organized) 12/1/2015			
4	(Date first transacted business in Florida, if pri	or to registration.)	
5. 600 BRICKELL AVE	(See sections 605.0904 & 605.0905, F.S. to deter	mine penalty liability)	
MIAMI, FLORIDA 33			
	(Street Address of Principal Office)		- es 😘
6. 600 BRICKELL AVEN	NUE, SUITE 2950		<u> </u>
MIAMI, FLORIDA 33	3131		宣 五
	(Mailing Address)		50 TR
7 Name and street address	ss of Florida registered agent: (P.O. Box NOT ac	centable)	四二 二
	THOMAS FALKNER	coptaint)	三四の
Name:	HOMASTALKINEK		9.5
Office Address:	600 BRICKELL AVENUE, SUITE 2950		
	MIAMI	Florida 33131	
	(City)	(Zip code)	
designated in this applicate to complywith the provision	tance: gistered agent and to accept service of process fo tion, I hereby accept the appointment as registere ons of all statutes relative to the proper and comp my position as registered agent. (Registered agent's signat	ed agent and agree to act in this cap plete performance of my duties, and	pacity. I further agree
8 The name title or cana	acity and address of the person(s) who has/have au	thority to manage is/are	
TONY ROYE - MAY	•	morny to manage iscare.	
		<u> </u>	
	, <u> </u>	oreign language, a translation of the	
	Signature of an authorized p	erson	

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.

THOMAS FALKNER

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ROYTRAN SERVICES 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 SEVENTH DAY OF NOVEMBER, A.D. 2015.



Authentication: 10383392

Date: 11-07-15