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## Foreign Limited Liability Company **Bundi LLC**

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## COVER LETTER

TO:		on Section f Corporation	s					
orin.		DI LLC						
SUBJ	ECT:	<del>,</del>	Name of	Limited Liability	Compuný		<del></del>	
The er Existe	nclosed "App nce, and chec	lication by Fore k are submitted	ign Limited Liability Comp to register the above refer	oany for Authoriza enced foreign limi	ition to Tra ted liability	insact Busine company to	ess in Flor(da," Cer o transact business i	tificate in Floric
Please	return all con	respondence co	oncerning this matter to the	following:				
	1	Debra B. Masel	a, Paralegal					
	_		N	ame of Person				
	1	Withers Bergma	n LLP					
	_		Fi	rm/Company				
	1	157 Church Street, 12th Floor						
	Address						F.C	-
	1	New Haven, CT 06510						3
	de	bra.masella@w	City/S ithersworldwide.com	tate and Zip Code		_	22 A	
For fu	ther informa	tion concerning	E-mail address: (to be used this matter, please call:	for future annual	report not	ification)	OR OL	**Carrie
	Debra B. I	Masella		203 at (	974-03	80		
		Name of	Contact Person	Areu Code	Day	time Teleph	one 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			ons or Circle			
Enclos		for the following Filing Fee	ng amount:  \$130.00 Filing Fee &  Certificate of Status	\$155.00 Filin Certified Copy	ng Fee &		) Filing Fee, Certifi & Certified Copy	cate

12/22/2015 3:15:26 PM From: To: 8506176383( 3/4 )

## 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 PLORIDA:

	גזיז י <i>וטאנואו</i> נה מדזו אנו בבמיוונה	MUIM.			
1. BUNDI LLC				- MT 1 // IN	_
(Name of Ford	ign Limited Liability Compan	y; must include "Limited Lia	bility Company," "L.L.C.," c	or "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the p	urnose of transacting busines	s in Florida. The alternate na	ame must include "Lir	nited
2. DELAWARE		3			
(Jurisdiction under the law company is organized)	of which foreign limited liabili	ity	(FEI number, if applicable	e)	-
4					
	(Date first transacted to (See sections 605.0904 &	ousiness in Florida, if prior to \$ 605.0905, F.S. to determine	registration.) c penalty liability)	<del></del>	
5. c/o William J. Kambas	, Esq., Withers Bergman LI			<b>-</b>	
157 Church Street, 12tl	i Floor, New Haven, CT 06	510			
		ss of Principal Office)			
6. c/o William J. Kambas,	Esq., Withers Bergman LL	,P			
157Church Street, 12th	Floor, New Haven, CT 06	510	•	2015 SE(	-(3
	(Ma	iling Address)		学品 园	Marketon.
7. Name and street addres	s of Florida registered agen	t: (P.O. Box <u>NOT</u> accept	able)	C 22	
Name:	C T Corporation System		~		111
Office Address:	1200 South Pine Island R	oad	_	A A	
	Plantation		, Florida 33324 (Zip code)	- STARTS	
	(Ci	ly)	(Zip code)	130 L	
Registered agent's accept Having been named as re-	tance: gistered agent and to acception, I hereby accept the ap	ot service of process for th	e above stated limited lia	bility company at th	e place
to complywith the provision	ons of all statutes relative to	o the proper and complete	performance of my dutie	es, and I am famille	ar with an
	ny position as registered ag	gent.	-		
:	By: C T Corporati	Comme	Buys-		
	(1	Registered agent's signature)	<b>Q</b> Rogi		
8. The name, title or capa	city and address of the pers	on(s) who has/have author	ity to manage is/are:		
Bundi Bahamas Ltd. c/o V	Villiam J. Kambas, Esq	Manager			
Withers Bergman LLP, 15	7 Church Street, 12th Floor		**************************************	i gr	
New Haven, CT 06510					
jurisdiction under the law o	of existence, no more than to which it is organized. (If	90 days old, duly authentic (he certificate is in a forcij	cated by the official having yn language, a translation	g custody of records of the certificate un-	; in the der oath
of the translator must be su	(bmitted)				
	Sign	tature of an authorized person	n		
	in accordance with section the Department of State co				
	Debra B. Masella, Organiz	ser			
	Type	d or printed name of signee	<u></u>		



Page 1

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

DELAWARE, DO HEREBY CERTIFY "BUNDI 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 TWENTY-SECOND DAY OF DECEMBER, A.D. 2015.

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

Authentication: 10668276

Date: 12-22-15

5914182 8300 SR# 20151487582

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