Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-6383			
From:	Account Name : C T CORPORATION Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368	SYSTEM		
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Y SULKER

3/4/2016 3:00:37 PM From: To: 8506176383( 2/3 )

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

	SINESS IN THE STATE OF FLOR		та зовищте от сельна в с	rokeion iimii	! E.D CAMBILIT !
L 400 N.E. THIRD AVE					
(Name of Fore	eign Limited Liability Company	must include "Limited	Liability Company," "L.L.C.," or	"LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C,		pose of transacting but	siness in Florida. The alternate nam	ne must include "	Limited
2. DELAWARE		3. upplied for	or		
(Jurisdiction under the law company is organized)	of which foreign limited liabilit	,	(FEI number, if applicable)		
LIBON EILING					
4. <u>Growtiened</u>	(Date first transacted by	siness in Florida, if pri	or to registration.)	_	
5. do The Morgan Group	(See sections 605.0904 & o, Inc.	003.0905, F.S. In delet	mine penany naminy)	_	
5606 S. Rice Avenue,	Houston, Texas 77081				
		of Principal Office)		_	
6. c/o The Morgan Group	, Inc.			_	
5606 S. Rice Avenue,	Houston Toyas 77081				
3000 21 11100 111011100,		ing Address)		-	
7 Name and street address	s of Florida registered agent:	(P O Boy NOT ac	centable)		
	SOFT WHWW, INC.	(1.0. Dox <u>11.01</u> ac	copiliose)		
Name:	WITWW, INC.			<b>益</b> [5]	16
Office Address:	329 Park Avenue North, Sc	cond Floor		2	3
	Winter Park		, Florida 32789		16 MAR -1
•	(City	")	(Zip code)	- 25 ;	Fr im
designated in this applica to complywith the provisi	gistered agent and to accept tion, I hereby accept the app ons of all statutes relative to ny position as registered age	ointment as register the proper and comp	or the above stated limited liable ed agent and agree to act in this plete performance of my duties	is capacity. Ef	Brther agree jiliar with an
	(R	egistered agent's signat	ture)	<b>-</b>	
8 The name title or cans	acity and address of the perso	n(s) who has/have an	thority to manage is/are		
•			nue, Houston, Texas	× 77081	
Thorgan on thin, 250, a	300	b d. Mice Ave	Tide, Floustori, Texas	31700	
9. Attached is a certificate jurisdiction under the law of the translator must be so	of which it is organized. (If t	0 days old, duly author certificate is in a fo	enticated by the official having oreign language, a translation of	custody of reco	ords in the under oath
	Ros	alind M McLen dure of an authorized p	oy		
	Signi	ture of an authorized p	erson	=	
This document is executed submitted in a document to	I in accordance with section 6 the Department of State con	05.0203 (1) (b), Flor stitutes a third degree	rida Statutes. I am aware that any e felony as provided for in s.817	y false informat 1.155, F.S.	ion
	Rosalind M. McLeroy, Vic				
	Турес	or printed name of sig	nee	_	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "400 N.E. THIRD AVENUE, 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 NINETEENTH DAY OF FEBRUARY, A.D. 2016.

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

5967414 8300

SR# 20160948784

Authentication: 201856447

Date: 02-19-16

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