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Floride Department of State Privisor of Disposations Pastro id Filble Coyle Shiet

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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Го:	Division of Corporation Fax Number : (850)			Y 25 PH
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	l address for this busin ort mailings. Enter only			lease. H.C.
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	Foreign Limited Liab	ility Comna) NY	PH PH
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	Bradu Investme	ent LLC	1	STAG
	Bradu Investme	ent LLC		STAG

J. HARRIS

APPLICATION BY FO	REIGN LIMITED LIABILITY COMPANY FO IN FLORIDA	R AUTHOR	RIZATION TO	TRANSA	CT BU	SINESS
	TON 605.0902, FLORIDA STATUTES. THE FOLLOWING I SINESS IN THE STATE OF FLORIDA:	S SUBMITTEE.	TO REGISTER A	POREIGN' I	LIMITEL) LIABILITY
BRADU INVESTMI	ENT LLC		Ì			
(Name of Forei	gn Limited Liability Company; must include "Limited L	iability Comp	any," "L.L.C.," or	LLC.")		-
(If name unavailable, enter alto Liability Company,""L.L.C,"	ernute name adopted for the purpose of transacting busin or "LLC.")	ess în Florida	The alternate nan	e must incl	ude "Lir	nited
2. DELAWARE	3. APPLIE	D FOR				
(Jurisdiction under the law o company is organized)	f which foreign limited liability	(FEI nun	ber, if applicable)			_
-1 <u></u>	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determ	to registration	i) pility)	1		
5. 15811 COLLINS AV	VENUE APT 2304			<u> </u>		
SUNNY ISLES BEACH, FLORIDA 33160				IAI 18	3	
(Street Address of Principal Office) 6. 15811 COLLINS AVENUE APT 2304				CREI		T.
SUNNY ISLES BEACH, FLORIDA 33160			ĺ	# # # # # # # # # # # # # # # # # # #	25	· CORCERC · Novel Mark
	(Mailing Address)			1 37		
7. Name and street address	of Florida registered agent: (P.O. Box NOT acce	ptable)		120	PH 2:	
Name:	SUPERBIZ REGISTERED AGENT, INC.	. 	j	ORI ORI	£-	******
Office Address:	2761 VISTA PARKWAY, STE E4			D A		
	WEST PALM BEACH	, Florida	33411	-		
Registered agent's accept:	(City)		(Zip code)			
designated in this applicati to complywith the provision accept the obligations of m	istered agent and to accept service of process for lon, I hereby accept the appointment as registered as of all statutes relative to the proper and comply position as registered agent. (Registered agents signature)	agent and a ege performa	gree to act in the ace of my duties	is capacity.	. I furt	her agree
8. The name, title or capac AMBR: ROMANZA H	city and address of the person(s) who has/have auth OLDINGS LIMITED	ority to mana	lgc is/are:			
15811 COLLINS AVE	NUE APT 2304, TOR TOWER III, SUNNY ISLE	S BEACH, F	LORIDA 33160)		
]			
	of existence, no more than 90 tays old, duly author f which it is organized. (If the certificate is in a for pemitted)					
-	Signature of an authorized per	son		Ť		
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florid the Department of State constitutes a third degree f DONALD KAHN, ESQ.	a Statutes. I a clony as prov	ım aware that an rided for in s.817	false info	emution	1

Typed or printed name of signee

Delaware

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The First State

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

DELAWARE, DO HEREBY CERTIFY "BRADU INVESTMENT 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-FIFTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRADU INVESTMENT LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2016.

5979733 8300 SR# 20163742788

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

) |

Authentication: 202381850

Date: 05-25-16