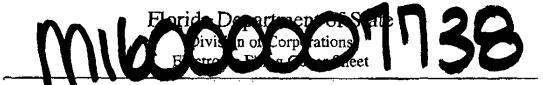
9/28/2016

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

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Foreign Limited Liability Company Redicupets LLC

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D. SCOTT

SEP 2 9 2016

COVER LETTER

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SUBJE	Redicupets LLC						
) () D(().	·CI·	Name of L	linited Liability C	ompany			
The en Exister	closed "Application by For ace, and check are submitte	eign Limited Liability Comp d to register the above refero	any for Authorizat need foreign limit	ion to Trai ed liability	nsact Business in Florida," Certificat company to transact business in Flo		
lease	return all correspondence c	oncerning this matter to the	following:				
	Shannyn Yates						
		Name of Person					
	Venable LLP						
	Firm/Company						
	2049 Century Park East, Suite 2100 Address Los Angeles, CA 90067						
		City/\$	tate and Zip Code				
	scyates@venable	e.com					
		E-mail address; (to be used	for future annual	report not	ification)		
For fu	ther information concerning	g this matter, please call:					
	Shannyn Yates		310 at (229-04	42		
	Name o	of Contact Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrate Clifton B 2661 Exe	ADDRESS: of Corporations ion Section wilding secutive Center Circle see, FL 32301		
Enclos	icd is a check for the follow	ring amount: 1 \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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SECRETARY STRINGS

TALLMASSEE TILORBA

David Paecht

Application by foreign limited liability company for authorization to transact business IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Redicupets LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C." or "LLC.") (if same unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2 Delaware Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized). (Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 231 East Cowles Street, Englewood. FL 34233 (Street Address of Principal Office) 231 East Cowles Street, Englewood, FL 34233 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Paracorp Incorporated Name: 155 Office Plaza Drive, 1st Floor Office Address: Tellahassec (Clty) Registered agent's acceptance: Having bean named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I heraby accept the appointment as registered agent and agree to not in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete purformance of my duties, and I am familiar with and accept the obligations of my position as registered agent. See Attached (Registered agent's signature) 8. The partie, title or capacity and address of the person(s) who has/have authority to manage is/are: David Pascht, Manager - 231 East Cowles Street, Englewood. FL 34233 9. Attached is a certificate of existence, no more than 90 days old fully authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person 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 fellows as provided for in s.817.155, F.S.

Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 09/28/2016

ENTITY NAME: REDICUPETS LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Sharon Cooke, Assistant Secretary

Sharon Coose

Paracorp Incorporated

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REDICUPETS 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-SEVENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REDICUPETS LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2016.

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



6160752 8300 SR# 20165953537

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

Authentication: 203062993

Date: 09-27-16