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From:

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October 6, 2016

FLORIDA DEPARTMENT OF STATE

BILZIN SUMBERG BAENA PRICE & AXELROD LLP

SUBJECT: OTM MANAGER LLC

REF: W16000068566

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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DANIEL L O'KEEFE Regulatory Specialist II FAX Aud. #: E16000247587 Letter Number: 116A00021521

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

IN COMPLIANCE NITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

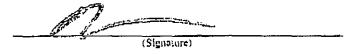
LINITED LLIBILITY CON IP-INN TO TR-INS-ICT BUSINESS IN THE STATE OF FLORIDA:	
OTM MANAGER LLC (Nome of Foreign Climited Liability Company: must include "Limited Liability Company," "L.L.C	
theme of Foreign climited Liability Company: must include "Limited Liability Company," "L.L.C	iii" or "LLCi")
(If nome unavailable, enter alternate name adopted for the purpose of transacting business in Florida and consent of the managers or managing members adopting the alternate name. The alternate name must incl Company." "L.L.C." "LLC."	atrach a copy of the written ade "Limited Linbility
2. Delaware 3.	
2. Delawate 3. (FEI number, if application under the law of which foreign limited liability company is organized)	ble)
4.	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 425 North Federal Highway	
Hallandale, Florida 33009	
(Street Address of Principal Office)	001
6. 425 North Federal Highway	<u> </u>
Hallandale, Florida 33009	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to m	anage is/are:
SEE ATTACHED LIST OF MANAGEMENT COMMITTEE MEMBERS	25
	· · · · · · · · · · · · · · · · · · ·
8. Attached is an original certificate of existence, no more than 90 days old, chily authenticated by the official in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is it translation of the certificate under oath of the translator must be submitted.)	
//S// Louis Birdman	
Signature of an authorized person	**=*
(In accordance with section 605,0203, F.S., the execution of Mis document constitutes an affirmation penalties of perjury that the facts stated herein are the 1 am aware that any false information adocument to the Department of State constitutes a third degree felony as provided for in	submitted in a
Louis Birdman	_
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES. THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

i. The nam	e of the Fimited Piability Co	mpany is:	
OTM MAN	IAGER LLC		
If unavailab	le, the alternate to be used in	the state of Florida is:	
2. The name	e and the Plorida street addre	ess of the registered agent and office are:	
	Harris Friedman		
		(Name)	್ ∴
	425 North Federal Hig Florida Screen	ghway Address (P.O. Box NOT acceptable)	001-7
-	Hallandale	FL 33009	*
		City/State/Zip	: 25

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to camply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. Florida Statutes.



\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

ADDENDUM TO

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY

FOR.

AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FOR

OTM MANAGER LLC

ARTICLE IV-

The name and address of each member of the Management Committee authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:	;	
Management Committee Member	Louis Birdman 425 North Federal Highway Hallandale, Flonda 33009		
Management Committee Member	Gregg Covin 425 North Federal Highway Hallandale, Florida 33009	ਰ ੇડ੍ਹੇ	
Management Committee Member	Harris Friedman 425 North Federal Highway Hallandale, Florida 33009	Sign Fig.	
Management Committee Member	Joao Woiler 3363 NE 163rd Street, Suite 601 North Miami Beach, Florida 33160	## 9: 25	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OTM MANAGER 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 THIRD DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OTM MANAGER LLC" WAS FORMED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2016.

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

6168502 8300 SR# 20166033365 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203095231

Date: 10-03-16