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DEPORTMENT OF PARTY

OCT 1 0 2016

C LEWIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500				
ACCOUNT NO. : 120000000195 REFERENCE : 320945 7964451 AUTHORIZATION : Trebelence COST LIMIT : \$ 125.00				
ORDER DATE : October 6, 2016				
ORDER TIME : 1:02 PM				
ORDER NO. : 320945-060				
CUSTOMER NO: 7964451				
FOREIGN FILINGS				
NAME: NATURAL RETREATS US LLC				
XXXX QUALIFICATION (TYPE: <u>LL</u>)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Natural Retreats US	LLC	
(Name of I	oreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.	.," or "LLC.")
(If name unavailable, ente Liability Company," "L.L	er alternate name adopted for the purpose of transacting business in Florida. The alternation, C," or "LLC.")	e name must include "Limited
Delaware	3	t
(Jurisdiction under the l company is organized	aw of which foreign limited liability (FEI number, if applie	eable)
4,	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	·
5. 675 Peter Jefferson		
Charlottesville, VA	22911	23
-	(Street Address of Principal Office)	
6. 675 Peter Jefferson	Parkway, Suite 250	POR OCT
Charlottesville, VA		- 1
	(Mailing Address)	*
7. Name and street add	tress of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	5
Name:	Corporation Service Company	AM 10: 00
Office Addres	s: 1201 Hays Street	
	Tallahassee , Florida 32301	
	(City) (Zip cod	e)
Registered agent's ac		•
this application, I here with the provisions of	s registered agent and to accept service of process for the above stated corpora by accept the appointment as registered agent and agree to act in this capacit all statutes relative to the proper and complete performance of my duties, and position as registered agent.	ty. I further agree to comply
ine obligations of my f	Corporation Service Company	Melissa Zender
	By: Vendor	:
	(Registered agent's signature)	Asst. Vice President
8. The name, title or o	capacity and address of the person(s) who has/have authority to manage is/are:	
Matthew Spence, Pres	ident; Anthony Wild, Chief Financial Officer; Ewan Kearney; Vice President;	
Chad Ciesil; Secretary		
all same address - 675	Peter Jefferson Parkway, Suite 250, Charlottesville, VA 22911	
	cate of existence, no more than 90 days old, duly authenticated by the official ha aw of which it is organized. (If the certificate is in a foreign language, a translat be submitted)	
		- Thirty -
	Signature of an authorized person	
the facts stated herein	ction 605.0203, F.S., the execution of this document constitutes an affirmation user true. I am aware that any false information submitted in a document to the D ded for in s.817.155, F.S.)	

Typed or printed name of signee

Anthony Wild

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NATURAL RETREATS US 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 SIXTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATURAL RETREATS"
US LLC" WAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D. 2011.

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

4935285 8300 SR# 20166101425 Authentication: 203121099

Date: 10-06-16