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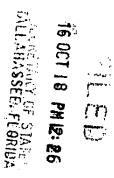
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Y SULKER

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October 17, 2016

ROSS P BECKERMAN 5301 N FEDERAL HIGHWAY STE 130 BOCA RATON, FL 33487

SUBJECT: FDG NORTH, LLC Ref. Number: W16000068329

We have received your document for FDG NORTH, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 316A00021444

Yasemin Y Sulker Regulatory Specialist II



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

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LL.C." or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LL.C." or "LLC.") 2. Delaware (Durisdiction under the law of which foreign limited liability (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 695.9994 & 405.9905, F.S. to determine penalty liability) 5. 1000 S. Ocean Blvd., Unit PH-704 Boca Raton, FL 33432 (Street Address of Principal Office) Name: Tim 'A. Shane, P.A. 5301 N. Federal Highway, Suite 130 Boca Raton (City) Registered agent's acceptance: 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 application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent." (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Zoran Zelenikovski (Registered agent's a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the	, FDG NORTH, LLC				
Clability Company," "LLC," or "LLC		eign Limited Liability Company; must include "Lin	nited Liability Company,""L.L.C.," or "L	.LC ")	
Clability Company," "LLC," or "LLC					
2. Delaware (Duracticion under the law of which foreign limited liability (FEI number, if applicable) (Steet sections 605.0904 & 605.0905. F.S. to determine penalty liability) 5. 1000 S. Ocean Blvd., Unit PH-704 Boca Raton, FL 33432 (Mailing Address) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Tim A. Shane, P.A. Office Address: 5301 N. Federal Highway, Suite 130 Boca Raton (City) (City) (City) (Zip code) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provision of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Zoran Zelenikovski (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Zoran Zelenikovski (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Zoran Zelenikovski (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Zoran Zelenikovski (Registered agent's signature)			3 business in Florida. The alternate name i	must include "Limited	
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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 felony as provided for in s.817.155, F.S.

Signature of an authorized person

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FDG NORTH, 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-FIRST DAY OF SEPTEMBER, A.D. 2016.

AND I'DO HEREBY FURTHER CERTIFY THAT THE SAID "FDG NORTH, LLC"

WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2015.

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

at cora delaware gov/aut

Authentication: 203031347

Date: 09-21-16