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(Re	equestor's Name)			
(Ac	idress)			
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PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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16 OCT 26 AM IO: 54

COCT 26 AH 8: 4
SECRETARY OF STATE
ATTACKS OF FEORID

D. SCOTT OCT 2 7 2016 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

110000111 110 1200000015	ACCOUNT	NO.	:	120000000195
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REFERENCE : 345853

AUTHORIZATION STREET

COST LIMIT : \$ 125.00

ORDER DATE: October 26, 2016

ORDER TIME : 10:05 AM

ORDER NO. : 345853-005

CUSTOMER NO: 7923975

FOREIGN FILINGS

NAME: EIRES MANAGEMENT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

SECRETARY OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

IN COMPILANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	SUIVESS IN THE STATE OF FLORIDA;				
1. EIRES Management LI					
(Name of Fore	eign Limited Liability Company; must include "Limited Li	iability Company,"	"L.L.C.," or "LI	JC.")	
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting busine " or "LLC.")	ess in Florida. The	alternate name n	nust include "Limite	:d
2. Delaware	7				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number,	if applicable)		
4					
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determine	to registration.) ne penalty liability)		
5. c/o Shurnway Capital,	145 Mason Street, Greenwich, CT 06830				
	(Street Address of Principal Office)				
6. c/o Shumway Capital,	145 Mason Street, Greenwich, CT 06830				
	(Mailing Address)				
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT accept	ptable)			
Name:	Corporation Service Company	*****			
Office Address:	1201 Hays St				
	Tallahassee	, Florida	2301		
Registered agent's accep	(City)	(2	Lip code)		
designated in this applicate to complywith the provision	gistered agent and to accept service of process for to tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and complet my position as registered agent. M.	agent and agree	to act in this c of my duties, ar	apacity. I further	agree vith and
	(Registered agent's signature	1		. Vie these	
8. The name, title or capa Russell Barbour, CFO	icity and address of the person(s) who has/have author	ority to manage is		AFE S	1
c/o Shumway Capital, 145	5 Mason Street			- ASSE	3 [
Greenwich, CT 06830				——拼合 平 S	
	of existence, no more than 90 days old, duly authent of which it is organized. (If the certificate is in a fore abmitted) Claudin Afrendry Signature of an authorized person	ign language, a tr			
	in accordance with section 605,0203 (1) (b), Florida	Statutes. I am av			
submitted in a document to	the Department of State constitutes a third degree fe	lony as provided	for in s.817.15.	5, F.S.	
	Claudia A. Prendergast				

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EIRES MANAGEMENT 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-SIXTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EIRES MANAGEMENT LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2016.

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

FILED BOT 26 M 8- 47 SECRETARY OF STATE SECRETARY OF STATE



Authentication: 203225405

Date: 10-26-16

6191855 8300 SR# 20166361545