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COVER LETTER

TO:

ТО:	Registra Division	ation Section i of Corporations	3				
SHE	Cra J ECT:	nford & Linder L					
SODO	JEC 1			imited Liability C			
The e Existe	enclosed "Apence, and ch	oplication by Fore eck are submitted	ign Limited Liability Compa to register the above referen	any for Authorizat	ion to Trai ed liability	nsact Business in Florida," C company to transact busines	Certificate of ss in Florida
Please	e return all o	correspondence co	oncerning this matter to the f	ollowing:			
		Adam J. Young					
			Na	me of Person			
		Cranford & Line	der LLC				
			Fir	m/Company			
		440 Park Avenu	e South, 3rd Floor				
				Address			
		New York, N.Y	. 10016				
			City/Sta	ate and Zip Code			
		ayoung@cranford	llinder.com				
	-		E-mail address: (to be used	for future annual	report not	fication)	
For fi	urther infor	nation concerning	this matter, please call:				
	Adam J	. Young		212 at (457-198	38	
		Name of	Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Bo	nof Corporations ation Section ax 6327 ssee, FL 32314			Division of Registrati Clifton Be 2661 Exe	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301	
Enclo		ck for the followi .00 Filing Fee	ng amount: \$\Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	

. 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

New York State All Care of Which foreign limited liability All Care of Which foreign limited liability All Care of Which foreign limited liability (FEI number, if applicable)		ternate name adopted for the purpose of	f transacting business in I	Florida. The alternate n	ame must include "Limited
(Sureet Address of Principal Office) (Mailing Address) (City)		or LLC.	46-1982555		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 440 Park Avenue South, 3rd Floor, New York, N.Y. 10016 (Street Address of Principal Office) (Mailing Address) (Ma	(Jurisdiction under the law	of which foreign limited liability	3. (F	le)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 440 Park Avenue South, 3rd Floor, New York, N.Y. 10016 (Street Address of Principal Office) (Mailing Address) (Mailing Address) (Mailing Address) (Mailing Address) (Mailing Address) (Mame: Ward Damon Business Services, LLC Office Address: 4420 Beacon Circle West Palm Beach (City) (City) (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 pletesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent. (City)		·			
(Street Address of Principal Office) 440 Park Avenue South, 3rd Floor, New York, N.Y. 10016 (Mailing Address) (City) (Zip Code) (Zip	. <u>N/A</u>	/D	- Walio 74111111111111111111111111111111111111		<u> </u>
(Street Address of Principal Office) 440 Park Avenue South, 3rd Floor, New York, N.Y. 10016 (Mailling Address) (Civ) (Civ) (Civ) (Civ) (Civ) (Civ) (Cip) ((See sections 605.0904 & 605.09	05, F.S. to determine pen	alty liability)	
(Mailing Address) (City) (Zip code) (Zi	440 Park Avenue Sout	h, 3rd Floor, New York, N.Y. 1001	6		
(Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ward Damon Business Services, LLC Office Address: West Palm Beach (City)					_
(Mailing Address) (City) (Zip code) (Zi		(Street Address of Prin	icinal Office)		
(Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ward Damon Business Services, LLC Office Address: 4420 Beacon Circle West Palm Beach (City) (City) (City) Registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated limited liability company at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a complete the obligations of my position as registered agent. Dighthy dynamic Michael Proper. Office Address: Office Address: West Palm Beach (City) (City) (Zip code)	440 Park Avenue Soutl	•	•		
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Name: Office Address: West Palm Beach (City) (City		(Mailing Add	dress)		
Name: Office Address: West Palm Beach (City) (City	. Name and street address	ss of Florida registered agent: (P.O.	Box NOT acceptable)	多数 人 温
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The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	esignated in this applica	tion, I hereby accept the appointme	ent as registered agent	and agree to act in	this capacity. I further o
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		my position as registered agent.			
		my position as registered agent. Much O - Ko			
		my position as registered agent. Muk Ho	DN: cn=Michael J Posner, o=War Posner, ou_email=miposneritus	d Damon reddamon	
manager	eccept the obligations of	- Much Of For	One con-Michael Postner, o-War - Copper, out conditioning control - Copper, out to the copper of t	d Damon rectamon	
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urisdiction under the law of which it is organized (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted)	8. The name, title or capa Adam J. Young, Owner/M	of existence, no more than 90 days of which it is organized. (If the certiubmitted)	old, duly authenticated ifficate is in a foreign la	o manage is/are: Y. 10016	
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urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted) Signature of argutherized person This document is executed in accordance with section 605.0203/(1)-(b), Florida Statutes. I am aware that any false information	8. The name, title or cape Adam J. Young, Owner/N 2. Attached is a certificate urisdiction under the law of the translator must be s This document is executed	of existence, no more than 90 days of which it is organized (If the certilibrative) Signature of the person(s) will be	old, duly authenticated ificate is in a foreign la	o manage is/are: Y. 10016 by the official havinguage, a translation	of the certificate under of
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State of New York Department of State } ss:

I hereby certify, that CRANFORD & LINDER LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/04/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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* * *

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 19th day of October two thousand and sixteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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