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#### COVER LETTER

Registration Section

TO:

Div	ision of Corporation	s				
SUBJECT:	SNDR,LLC					
	Name of Limited Liability Company					
				ion to Transact Business in Florida ed liability company to transact bu		
Please return	all correspondence c	oncerning this matter to the	following:			
	ShaunMurphy					
		N	ame of Person		_	
	Sndr.LLC					
	Firm/Company					
	1561S. Alafaya Trail, Suite200					
	Address					
	Orlando,FL 32828					
	City/State and Zip Code					
	shaunmurphy@	sndr.com				
	· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used	for future annual r	report notification)	_	
For further i	nformation concerning	g this matter, please call:				
Sh	au <b>n</b> Murphy		855 at (	377-6735		
	Name o	f Contact Person	Area Code	Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	g Fee & □ \$160.00 Filing Fee, of Status & Certified C		

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#### **FAX COVER SHEET**

ТО	•	
COMPANY		
FAXNUMBER	18502456030	
FROM	Adam Chodos	
DATE	2016-11-30 17:26:32 GMT	
RE	to Tanisha	

#### **COVER MESSAGE**

11/30/16

**FL** Division of Corporations

Attn: Tanisha, Foreign LLC Qualification

Re: Sndr, LLC

Hello Tanisha,

Following up on our call earlier today, I understand that the application to qualify Sndr, LLC (document #W16000079517) was rejected as the Certificate of Good Standing from the home state is stale and a current one is needed. Attached please find a current certificate of good standing for Sndr, LLC from its establishment state of Delaware. Should you need anything else, please call me. We look forward to the processed paperwork.

Regards,

Adam Chodos

\*p:\* 561.990.1201 or 203.703.9074

\*f: \*203.930.2236

adamchodos.com

\*FL Office\*: 2255 Glades Rd., Suite 324A, Boca Raton, FL 33431.

\*CT Office\*: 165 West Putnam Ave., Greenwich, CT 06830Notice: This message and its attachments are confidential and protected by the attorney-client privilege. If you are not the named addressee or intended recipient or if you received this message in error, you are directed not to read, disclose, reproduce, distribute, disseminate or otherwise use this transmission. Please notify the sender immediately by e-mail and delete and destroy this message and its attachments. Any statements regarding federal, state or other tax law contained herein is not intended and cannot be used to avoid penalties that may be imposed by any taxing authority; is not to be

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

IN COMPLIANCE WITH SECTION 6050002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 8-10-16 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 1561S. Alafaya Trail, Suite 200 Orlando,FL 32828 (Street Address of Principal Office) 1561S. Alafaya Trail, Suite 200 Orlando,FL 32828 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ShaunMurphy Name: 1561S. Alafaya Trail, Suite 200 Office Address: , Florida \_ 32828 Orlando (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: RichardJohnsonManagerandShaunMurphy, Manager 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ShaunMurphy

### Delaware

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SNDR, 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 THIRTIETH DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "SNDR, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

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

5059780 8300E

SR# 20166835459 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203417905

Date: 11-30-16