Division of Corporations Electronic Filing Cover Sheet

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Account Number : FCA000000023 (614) 280-3338 Phone Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email

Address:

Foreign Limited Liability Company EF II INVESTOR MANAGER, L.L.C.

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DEC 1 4 2016

Y SULKER

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

EF II Investor Manager (Name of Fore		must include "Limited I	lability Company," "L.L.C.," or	tic.4
				,
iability Conspany," "L.L.C."		·	ness in Florida. The alternate name	e must include "Limited
Delaware		3. 90-091336	1	
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
•	(Date first transacted but	tinger in Florida If arias	r to registration)	
1601 Washington Ave	(Date first transacted bus (See sections 605.0904 & 6 nuc, #800	03.0905, F.S. to determ	nine penalty (lablity)	
Miami Beach, FL 3313	9			
1601 Washington Aven	•	of Principal Office)		•
Miami Beach, FL 3313	<u> </u>	ng Address)		
. No	•	.,		
. Name and street addres	of Florida registered agent:	(P.O. Box NOT acce	optable)	S ₀ ⁺¹
Namo:	C T Corporation System			5
Office Address:	1200 South Pine Island Ros	ud .		PAR PR
	Plantation		, Florida 33324 (Zip code)	
legistered agent's accep	(City)	1	(Zip code)	Sim w Para
lasignated in this applica o complywith the provision occept the obligations of s	tion, I hereby accept the appoints of all statutes relative to to my position as registered ages C T Corporation By:	olutment as registered like proper and compl nt.	the above stated limited liabid agent and agree to act in this lete performance of my duties. Suarer	s capacity. I furtiler agres
	•			
B. The name, title or caps Managing Member: SEI h	city and address of the person	i(s) who has/have aut	hority to manage is/are:	
1601 Washington Avenue				<u>.</u>
Miami Beach, FL 33139				
			 	
	of which it is organized. (If th		nticated by the official having reign language, a translation of	
of the translator must be su				
	1L		 _	
	Signal	ture of an authorized pe	rson	_
of the translator must be sufficiently the sufficient of the suffi			rson da Statutes. I am aware that any felony as provided for in s.817	

Typed or printed name of signce

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "EF II INVESTOR MANAGER, L.L.C." 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 EIGHTH DAY OF DECEMBER, A.D. 2016.

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

5251817 8300 SR# 20166968220

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

Jeffrey W. Hutlace, Sucretary of State

Authentication: 203470520

Date: 12-08-16