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SUBJECT:	Private Prep South						
CODIDCI			Limited Liability	Company			
		reign Limited Liability Com ed to register the above refer					
Please return	all correspondence	concerning this matter to the	following:				
	Jeremy Cohen						
		· N	ame of Person.				
	Private Prep Ll	LC				•	
Firm/Company							
	19 West 21st Street, Suite 1004						
			Address				
	New York, NY	10010					
	<u>.</u>	City/S	tate and Zip Code				
	jeremy@private	pr e p.com					
		E-mail address: (to be use	d for future annua	report not	ification)		
For further in	formation concerning	ng this matter, please call:					
Jere.	my Cohen		516 at (902-88			
***	Name o	of Contact Person	Area Code	Day	time Telephone Number		
Divi Regi P.O.	ILING ADDRESS: sion of Corporation stration Section Box 6327 shassee, FL 32314			Division Registrate Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ee, FL 32301		
	check for the follow 125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filii Certified Copy	-	■ \$160.00 Filing Fee, Co of Status & Certified Cop		



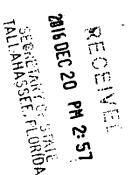
FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2016

JEREMY COHEN 19 WEST 21ST STREET, SUITE 1004 NEW YORK, NY 10010

SUBJECT: PRIVATE PREP SOUTH FLORIDA LLC

Ref. Number: W16000056351



We have received your document for PRIVATE PREP SOUTH FLORIDA LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Title of document is missing. Must be included.,

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00017146

16 DEC 20 MHH: 25

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 TIMNSACT BUSINESS IN THE STATE OF FLORIDA: Private Prep South Plorida LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LCC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The afternate name must include "Limited Linbility Company," "L.L.C," or "LLC.") 45-3979050 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty fiability) 108 West 13th Street, Wilmington, Delaware, 19801 (Sirce Address of Principal Office) 19 West 21st Street, Suite 1004, New York, NY 10010 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Zachary Halpern Name: 2999 Shaughnessy Drive Office Address: Wellington 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 appaintment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes estive to the propped complete performance of my duties, and I am familiar with and accept the abligations of my position ay registered agent. 8. The name, title or enpacity and address of the person(s) who has/have authority to manage is/are: Steve Feldman, Managing Partner, 19 West 21st Street, Suite 1004, New York, NY 10010 Scott Levenson, Managing Partner, 19 West 21st Street, Suite 1004, New York, NY 10010

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)

Signature of an authorized person

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Jeremy Cohen, Chief Financial Office, 110 Main Street, Suite 102, Port Washington, NY 11050

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.

Jeremy Cohen

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 "PRIVATE PREP SOUTH FLORIDA 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 TWENTIETH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIVATE PREP SOUTH FLORIDA LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2011.

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

Authentication: 203193319

Date: 10-20-16

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SR# 20166262583

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