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1.   **BROADRIDGE SECURITIES PROCESSING SOLUTIONS, LLC** _____
     (CORPORATE NAME AND DOCUMENT #)

2.   _____
     (CORPORATE NAME AND DOCUMENT #)

3.   _____
     (CORPORATE NAME AND DOCUMENT #)

4.   _____
     (CORPORATE NAME AND DOCUMENT #)   *File 2nd*

5.   _____
     (CORPORATE NAME AND DOCUMENT #)

6.   _____
     (CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

_____

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:

1. Broadridge Securities Processing Solutions, LLC

   (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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.")

2. Delaware

   (Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A

   (FEI number, if applicable)

4. Upon filing

   (Date first transacted business in Florida, if prior to registration.)
   (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2 Journal Square Plaza

   Jersey City, NJ 07306

   (Street Address of Principal Office)

6. Same

   (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

   Name: NRAI Services, Inc.

   Office Address: 1200 South Pine Island Road

   Plantation , Florida 33324
   (City)   (Zip code)

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 comply with 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.

By: NRAI Services, Inc. _(Registered agent's signature)_ CAROL GLOSPIE

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Adam D. Amsterdam, Manager

2 Journal Square Plaza

Jersey City, NJ 07306

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

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.

Adam D. Amsterdam

Typed or printed name of signee

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "BROADRIDGE SECURITIES PROCESSING

SOLUTIONS, 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 THIRD DAY OF JANUARY,

A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROADRIDGE

SECURITIES PROCESSING SOLUTIONS, LLC" WAS FORMED ON THE THIRTIETH

DAY OF JULY, A.D. 1985.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2067749 8300

SR# 20170007256

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