Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000921373)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CCRPORATION SYSTEM Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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 National Distribution Consultants, LLC

Certificate of Status	
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

APR 05 2017

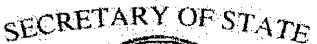
18197

COVER LETTER

UBJECT:		on Consultants, LLC		
idient:	Name of Limited Liability Company			
ie enclosed distence, æ	i "Application by Fo ad check are submitte	reign Limited Liability Com ed to register the above refer	pany for Authorization enced foreign limited	n to Transact Business in Florida," Certific liability company to transact business in F
ease return	all correspondence	concerning this matter to the	following:	
	Daniel Yi			
		N	lame of Person	
	NFP Corp.		*	•
		F	imn/Company	,
	340 Madison	Avenue, 20th Floor		
			Address	·····
	New York, N	f 101 73		
	****	City/S	State and Zip Code	
	dhrankaj@nfp.c	om	•	
	······································	E-mail address: (to be use	d for future annual re	port notification)
or further is	nformation concerni	ng this matter, please call:	•	
Da	niel Yi		212	301-4058
	. Name	of Contact Person	Area Code	Daytime Telephone Number
Div Reg P.O	ILING ADDRESS ision of Corporation gistration Section Box 6327		D Re Cl	IRECT ADDRESS: vision of Corporations egistration Section ifton Building
(a)	lahassoe, FL 32314			61 Executive Conter Circle slightssee, FL 32301
	a check for the follow \$125.00 Filing Pec	ving amount: \$130.00 Filing Fee &	☐ \$155.00 Filing F	ee & S160.00 Filing Fee, Certificat

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

	ZHON (US 1902), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A PA USINESS IN THE STATE OF PLORIDA:	OREIGN LIMITEL	Э <i>ШАВІЦ</i> ТҮ
1 National Distribution (Consultants, LLC		. ,
(Name of For	eign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I	1C.")	-
(If name unavailable, enter a	lternate name adopted for the purpose of transacting business in Floridh, The alternate name	must include "Li	mited
Liability Company," "L.L.C.		空界 23	
2. Nevada (Jarisdiction under the law company is organized)	of which foreign-limited liability 3. 46-1618820 (FB) number, if applicable)	<u> </u>	- ".
4.		22 7	-
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penulty (inhitity)	調べて	r
5. 310 Grant Street; Suite 1205			
Pittsburgh, PA 15219.		STAT LORU	, –
.1 Maourgit, 1.75, 13213.	(Street Address of Principal Office)	85 -	
6, 500 W. Madison Street	· · · · · · · · · · · · · · · · · · ·	>	
Chicago, IL 60661			
· · · · · · · · · · · · · · · · · · ·	(Mailing Address)		
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT acceptable)	•	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		•
•	Plantation , Florida 33324 (Zip.code)		
Registered agent's accep	(City) (Zip code)		
designated in this applicate to complywith the provisi	gistered agent and to accept service of process for the above stoted limited liability ston, I haraby accept the appointment as registered agent and agree to act in this ons of all statutes relative to the proper and complete parformance of my duties, any position as registered agent. By: (Registered agent's signiture)	eapacity, I furti and I am familio	her acree
g. The name, title or capr	neity and address of the person(s) who has/have authority to manage is/aic.		
Edward O'Malley, Minnag	er, 1250 Cupital of Texas Highway S., Building 2, Suite 125, Austin, TX 78746		
	or, 340 Madison Avenue, 20th Floor, New York, NY 10173	 ,	
Brett Schneider, Manager	, 340 Madison Avenue, 20th Floor, New York, NY (0173		٠
of the translator must be so	Signature of an authorized person	oc cértifidate unc	ler oath
submitted in a document to	in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any fathe Department of State constitutes a third degree felony as provided for in \$,817.15	dsc information 55, F.S.	
	Justin Goldstein		
	Typed or printed name of signee 10		





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, NATIONAL DISTRIBUTION CONSULTANTS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 12, 2012, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 4, 2017.

BARBARA K. CEGAVSKE Secretary of State

Ochora K. Cegarste

Electronic Certificate
Certificate Number: C20170404-0338
You may verify this electronic certificate
online at http://www.nvsos.gov/