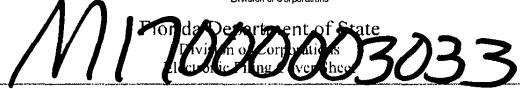
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Foreign Limited Liability Company TRIVEDI-CAPACITY ASSOCIATES, LLC

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COVER LETTER

SUBJEC:6:	Name of Limited Liability Company	
he enclosed "App xistence, and che	lication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifically submitted to register the above referenced foreign limited fiability company to transact business in Fl	ate of lorida
ease return all co	rrespondence concerning this matter to the following:	
	Name of Person	
	Firm/Company	
-	Address	•
-	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For farther inform	stion concerning this matter, please cull;	
For further inform		
<u></u>	Name of Contact Person Area Code Daytime Telephone Number	
MAILIN Division Registrati P.O. Box	Name of Contact Person Atea Code Daytime Telephone Number GADDRESS: STREET ADDRESS: Division of Corporations on Section Registration Section 6327 Clifton Building	
MAILIN Division Registrati P.O. Box	name of Contact Person Atea Code Daytime Telephone Number GADDRESS: STREET ADDRESS: Division of Corporations on Section Registration Section	

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

	ASSOCIATES, LLC
(Nume of Fore	eign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of "L.C.")
(If name upavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited " or ") ((.")
Delaware	20-8814840
	of which foreign limited liability (FE) number, if applicable)
4.	The contractive of the contracti
	(Date first transacted business in Floridu, it prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
5. A International Blvd S	uite:908
Mahwah, NJ 07945	(Street Address of Principal Office)
	(Street Address of Principal Office)
6. 1 International Blvd Su	lite 908
. Mahwah, Nf 07945	
ALTERNATURE CONTRACTOR OF THE PROPERTY OF THE	(Malting Address)
7. Name and street address	ss of Florida registered agent. (P.O. Box <u>NOT</u> acceptable)
Name:	NRAI Services, Inc.
	1200 South Pine Island Road
Office Address:	72225
	Plantation Florida 33324
Daginamad aboutle a com	(City) (Zip code)
designated in this applicate camplywith the provision accept the obligations of a second the name, title or capt	(City) (Zip code)
Having been named us redesignated in this applicate on this applicate camplywith the provisions of accept the obligations of the same, title or captured, Manager	otance: egistered agent and to accept service of process for the above stated limited liability company at the place ution, I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag- tions of all statutes relative to the proper and complete performance of my duties, and I am familiar with my position as registered agent. NRAL Services, Inc. Chris Rickard (Registered agent's signature) acity and address of the person(s) who bas/have authority to manage is are: & President. 1 International Blvd Suite 908, Mahwah, NJ 07945
Having been named us redesignated in this applicate complywith the provision complywith the provision coept the obligations of a second to the name, title or capture of Tushar Trivedi, Manager John F. Jennings, Manager	(City) (Zip code) (Application of the parameter of process for the above stated limited liability company at the place (In this capacity. I further against of all states relative to the proper and complete performance of my duties, and I am familiar with my position as registered agent. (Registered agent's signature)
Having been named us redesignated in this applicate on this applicate camply with the provision coept the obligations of a second the name, title or capture of Tushar Trivedi, Manager John F. Jennings, Manager	otance: egistered agent and to accept service of process for the above stated limited liability company at the place ution, I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag- tions of all statutes relative to the proper and complete performance of my duties, and I am familiar with my position as registered agent. NRAL Services, Inc. Chris Rickard (Registered agent's signature) acity and address of the person(s) who bas/have authority to manage is are: & President. 1 International Blvd Suite 908, Mahwah, NJ 07945
Having been named as redesignated in this applicate complywith the provision complywith the provision coept the obligations of a State of Capatagore, the name, title or capatagore, and the company of the Capatagore, Managore, John F. Jennings, Managore, Cho, 13	(City) (Zip code) (Atther description of the place of the place of my duties, and I am familiar with my position as registered agent. (Registered agent's signature) (Register

Typed or printed name of stynee -

Kyle Carmody



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIVEDI-CAPACITY ASSOCIATES, 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 FOURTH DAY OF APRIL, A.D. 2017.

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

5976235 8300

SR# 20172238529

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

Authentication: 202320121

Date: 04-04-17