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(((H17000125885 3)))



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From:

The Email Address:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number: 075350000132

Phone

: (305)374-7580

Fax Number

: (303)351-2122

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Foreign Limited Liability Company VASTER SUB II, LLC

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
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MAY - 9 2017

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## 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:

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  , VASTER SUB II, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")  |
| 2. Delaware 3.   |
| (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)  |
| 4.   |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)   |
| 5. 1300 Brickell Avenue  |
| Mlami, FL 33131  |
| (Street Address of Principal Office)   |
| 6. 1300 Brickeli Avenue  |
| Miami, FL 33131  |
| (Mailing Address)  |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:   |
| Vaster Capital II, LLC, Member   |
| 71.  |
| 1300 Brickell Avenue   |
| Miami, FL 33131  |
| 8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)  Signature of an authorized person  (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)  Edgardo Defortuna |
| Typed or printed name of signee  |

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| If unavailable, the alternate to be used in the state of Florida is:  2. The name and the Florida street address of the registered agent and office are:  CT Corporation System  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation  FL 33324  City/State/Zip  Flaving been named as registered agent and to accept service of process for the above stated limitiability company at the place designated in this cartificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.  (Signature)  S 100.00 Filing Fee for Application | VASTER SUB II, LLC  |   |   |   |  |  |
|--|---|---|---|---|--|--|
| CT Corporation System  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation  FL 33324  City/State/Zip  Flaving been named as registered agent and to accept service of process for the above stated limitability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, Floridal Statutes.  Judith Argao  Vice President  And Assistant Secretary  (Signature)   | f unavailable, the alternate to be used in the state of Florida is:         |   |   |   |  |  |
| [Name]  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation  FL 33324  City/State/Zip  Flaving been named as registered agent and to accept service of process for the above stated limit inability company at the place designated in this certificate, I hereby accept the appointment as egistered agent and agree to act in this capacity. I further agree to comply with the provisions of the address and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.  Judith Argao  The President Secretary  (Signature)  | The name and  | the Florida street address of   | of the registered agent and office are:   |   |  |  |
| Plantation  FL 33324  City/State/Zip  Taving been named as registered agent and to accept service of process for the above stated limit ability company at the place designated in this certificate, I hereby accept the appointment as egistered agent and agree to act in this capacity. I further agree to comply with the provisions of attutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, Floridal latutes.  Judith Argae  (Signature)   | (   | OT Corporation System   | vi  | A SPECIAL SECTION OF THE SECTION OF |  |  |
| Plantation  FL 33324  City/State/Zip  Flaving been named as registered agent and to accept service of process for the above stated limitability company at the place designated in this certificate, I hereby accept the appointment as egistered agent and agree to act in this capacity. I further agree to comply with the provisions of the accept the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, Floridal statutes.  Judith Argae  (Signature)   | _   |   | (Name)  | 超了  |  |  |
| Plantation  FL 33324  City/State/Zip  Taving been named as registered agent and to accept service of process for the above stated limit ability company at the place designated in this certificate, I hereby accept the appointment as agistered agent and agree to act in this capacity. I further agree to comply with the provisions of atutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, Floridal atutes.  Judith Argao  (Signature)  (Signature)  |   | 1200 South Pine Island f  | Road  | SSTAT   |  |  |
| City/State/Zip  To accept service of process for the above stated limits to accept service of process for the above stated limits to accept service of process for the above stated limits bility company at the place designated in this certificate, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of the proper and complete performance of my duties, and I am familiar with an acept the obligations of my position as registered agent as provided for in Chapter 605, Florida atutes.  Judith Argao  The President  Secretary  (Signature)   | -   | Florida Street Add  | lress (P.O. Box NOT ACCEPTABLE)   | - F.O.  |  |  |
| aving been named as registered agent and to accept service of process for the above stated limitability company at the place designated in this certificate, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of attutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, Florida attutes.  Judith Argao  The President  Inc. Assistant Secretary  (Signature)  | _   | Plantation  |   | - CORNE   |  |  |
| bility company at the place designated in this certificate, I hereby accept the appointment as istered agent and agree to act in this capacity. I further agree to comply with the provisions of tutes relating to the proper and complete performance of my duties, and I am familiar with an ept the obligations of my position as registered agent as provided for in Chapter 605, Florida tutes.  Judith Argao  Vice President  (Signature)  |   |   | City/State/Zip  | T   |  |  |
|  | ability company<br>gistered agent c<br>atutes relating t<br>cept the obliga | at the place designated in t<br>and agree to act in this capa<br>to the proper and complete p | his certificate, I hereby accept the apparently. I further agree to comply with the performance of my duties, and I am factored agent as provided for in Chapte Judith Argae. | pointment as<br>he provisions of all<br>miliar with and<br>er 605, Florida  |  |  |
| \$ 100.00 Filing Fee for Application   |   | (Signo  | ituro)  |   |  |  |
| \$ 25.00 Designation of Registered Agent<br>\$ 30.00 Certified Copy (optional)   |   | \$ 100.00<br>\$ 25.00   |   |   |  |  |

Certificate of Status (optional)

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## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VASTER SUB II, 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 EIGHTH DAY OF MAY, A.D. 2017.

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



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

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SR# 20173200076

Authentication: 202499946

Date: 05-08-17