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To: Division of Corporations : (850)617-6383 Fax Number From: Account Name : C T CORPORATION SYSTEM Account Number : FCA0000000023 : (512)418-6949 Phone 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.** Address: Email Foreign Limited Liability Company 1221 Capital Partners LLC Certificate of Status 0 Certified Copy 1 03 Page Count \$155.00 Estimated Charge

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MAY 1 6 2017

Y SULKER

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

IN COMPLIANCE WITH SECTION ROGORIZ, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of For	eign Limited Liability Company; must in	clude "Limited Li	ibility Company," "L.L.C.," a	r "LLC.")	
		A			
Liability Company," "L.L.C,			ss in Florida. The ahemase na	ma must include "	Limited
2. Delaware		3. 82-1446894			
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4	(Date first transacted business in	i den de la compania	- participation V	•••	
	(See sections 605.0904 & 605.090	5, F.S. to determin	e penalty liability)		
5. 1221 Brickell Avenue,	Suite 2660	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Miami, Florida 33131					
<u> </u>	(Street Address of Princ	cipal Office)			1
6. 1221 Brickell Avenus, Suite 2660					17
Miami, Florida 33131					المالية الإعلام الإعلام
	(Mailing Addi	rusy)		- 25 92 93	-
7. Name and street address	s of Florida registered agent: (P.O. I	Box NOT accept	table)	ا بر از	en (.
Name:	NRAI Services, Inc.				=
	1200 South Pine Island Road			E c	Eu
Office Address:			22224	23 2°	1.07 To.
	Plantation		_ , Florida <u>33324</u>		·
Registered agent's accop	(Ciry)		(Zip code)		
designated in this applicate to complywith the provision	gistered agent and to accept service than, I hereby accept the appointment ons of all statutes relative to the property position as registered agent.	nt as registered o	gent and agree to act in the performance of MANOTO	is capacity. I fu	irther agree
	(Registered	agent's signature)			
8. The name, title or caps	icity and address of the person(s) who	olitus evantant c	ity to manage is/are:		
Thomas Staz, Manager - 1	221 Brickell Avenue, Sulto 2660, M	iami, Florida 33	131		
John Sicilian, Manager - I	221 Brickell Avenue, Suite 2660, M	lami, Florida 33	131		
Joshua Wood, Manager -	1221 Brickell Avenue, Suite 2660, M	liami, Florida 3	3131		
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days of which it is organized (If its certification)	ld, fully suthenticities in a force	cated by the official having yn language, a translation o	custody of recor f the certificate t	ds in the inder oath
This document is executed submitted in a document to	Signature of an in accordance with section 605.0203 the Department of State constitutes a	n authorized perso (1) (b), Florida a third degree fel	Statutes. I am aware that an	 y false informatio 7.155, F.S.	on
	Joshua W	نن Vood	:	•••	
	Typed or printe	d name of signee		-	

Sec. Y



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

DELAWARE, DO HEREBY CERTIFY "1221 CAPITAL PARTNERS 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 FIFTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1221 CAPITAL PARTNERS LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2017.

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

· '

Authentication: 202537861

Date: 05-15-17

6401779 8300 SR# 20173494292

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