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MAY 10 2017

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "UKTRIX HOLDINGS 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 EIGHTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UKTRIX HOLDINGS LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 2017.

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

Authentication: 202565355

Date: 05-18-17

ILENE ENGELBERG

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

	TION 605.0902, FLORIDA STATUTES, THE F ISINESS IN THE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGIST	ER A FOREIGN LIMITED LIABILITY
1. UKTRIX Holdings LL (Name of Foreign	.C Limited Liability Company, must include "Limit	od Linbility Company," "L.L.C.," or "L.L.C.")	
	um adopted for the purpose of transacting business in Fig.	orida. The alternate same page include "Limited Lie	hilty Company," "L.L.C," or "LLC.")
2. DELAWARE	Non leverym lumined hisbility company is organizace)	3. [Fill warm	on, if applicable)
4. UPON QUALIFICAT	TION		
	(Dale first transacted tractices in Floride, it prior to (Spe sections 605.090n & 605.0901, F.S. to determ	engistration.) was possibly inhibity)	····
s. 3250 NE	1st Aur	6. 3350 NG /	st Ave
プップと200	restipal (Mos)	6. 3250 NE 1 Victor No 1	(1431)
miami Fl	33 (37	MIRML ES	73137
7. Name and street address	a of Plorida registered agent: (P.O. Bo	x NOT acceptable)	
Name:	ILENE ENGELBERG		1
Office Address;	3900 HOLLYWOOD BLVD., STE		
	HOLLYWOOD	Florida 33021	
designated in this applica to comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment tions of all statutes relative to the propes of my position as registered agent, Complete Com	as registered agent and agree to act r and complete performance of my	in this capacity: I further agree

8. The name, title or capi <u>Title or Canagity:</u> <u>Member</u>	icity and address of the person(s) who have and Address: 1 an Decon 3350 NE Liff Aut, 200	as/have authority to manage is/are: Title or Camacity:	Name and Address: Your Zax
	MINN! H 2313.		Wildriff = 31.5
(Use attachments if neces	sary)		
jurisdiction under the law of the translator must be so	fline English Sagnary	ite is in a foreign language, a translated in a foreign language, a foreign la	tion of the certificate under oath
10. This document is execute submitted in a document to	uted in accordance with section 605,020 the Department of State constitutes a ti	33(1) (b), Florida Statutes. I am awa hird degree folony as provided for in	re that any toles information \$.817.155, F.S.

Typed or printed name of signee