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

jè.

DRA CABITAL HOLE		
1 DLY CALLEY DOFF	PINGS, LLC	
		nited Liability Company," "L.L.C.," or "I.L.C.")
	ume adopted for the purpose of transacting business in	Florida, The alternate name must include "Limited Liability Company," "L.1.C." or "LLC.")
2. DELAWARE	nich foreign limited liability company is organized)	3. 82-1984686 (FEI number, if applicable)
(men society attaces sensity continuity is referenced)	(i.e. introcer, ii approauto)
4		
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	rio registration.) entile penalty liability)
5. 3801 PGA BOULEVA		6. 3801 PGA BOULEVARD, SUITE 604
(Street Address of Principal Offices) PALM BEACH GARDENS, FL 33410		(Mailing Address) PALM BEACH GARDENS, FL 33410
TABLE DESCRIONAL	7E143, FE 33410	FALM BEACH GARDENS, FE 33410
		iox NOT acceptable)
7. Name and street addres	ig of Florida registered agent: (P.O. B	iox NOT acceptable)
Name:	MICHAEL S. SINGER	7.7. O
Office Address:	3801 PGA BOULEVARD, SUITE	604
	PALM BEACH GARDENS	Florida 33410 (Zip code)
	(City)	(Zip sode)
		it as registered agent and agree to act in this capacity. I further agr
		of as registered agent and agree to act in this capacity. I further agree and complete performance of my duties, and I am familiar with
	ions of all statutes relative to the prop	per and complete performance of my duties, and I am familiar with
and accept the obligation.	ions of all statutes relative to the props of my position as registered agent. (Regium of agent	per and complete performance of my duties, and I am familiar with
and accept the obligation. 8. The name, title or capt	ions of all statutes relative to the props of my position as registered agent. (Regium a agent agent)	per and complete performance of my duties, and I am familiar with m's signature) has/have authority to manage is/are:
8. The name, title or capt	(Regisped agent. (Regisped agent. (Regisped agent. (Regisped agent. (Regisped agent. Active and address of the person(s) who	per and complete performance of my duties, and I am familiar with
and accept the obligation. 8. The name, title or capt	(Regisped agent. (Regisped ag	per and complete performance of my duties, and I am familiar with m's signature) has/have authority to manage is/are: Title or Capacity: Name and Address:
8. The name, title or capt	(Regisped agent. (Regisped agent. (Regisped agent. (Regisped agent. (Regisped agent. Active and address of the person(s) who	per and complete performance of my duties, and I am familiar with m's signature) has/have authority to manage is/are: Title or Capacity: Name and Address:
8. The name, title or capt	(Regisped agent. (Regisped agent. (Regisped agent. (Regisped agent. Active and address of the person(s) who Name and Address: Michael S, Singer 3801 PGA Blyd., Suite 604	per and complete performance of my duties, and I am familiar with m's signature) has/have authority to manage is/are: Title or Capacity: Name and Address:
8. The name, title or capt	(Regisped agent. (Regisped agent. (Regisped agent. (Regisped agent. Active and address of the person(s) who Name and Address: Michael S, Singer 3801 PGA Blyd., Suite 604	per and complete performance of my duties, and I am familiar with m's signature) has/have authority to manage is/are: Title or Capacity: Name and Address:
8. The name, title or capt	(Regisped agent. (Regisped agent. (Regisped agent. (Regisped agent. Active and address of the person(s) who Name and Address: Michael S, Singer 3801 PGA Blyd., Suite 604	per and complete performance of my duties, and I am familiar with m's signature) has/have authority to manage is/are: Title or Capacity: Name and Address:
8. The name, title or capt Title or Capacity; Manager	nois of all statutes relative to the property of my position as registered agent. (Regisped agent acity and address of the person(s) who Name and Address: Michael S, Singer 3801 PGA Blvd., Suite 604 Palm Beach Gardens FL 33	per and complete performance of my duties, and I am familiar with my signature) has/have authority to manage is/are: Title or Capacity: Name and Address:
8. The name, title or caps	nois of all statutes relative to the property of my position as registered agent. (Regisped agent acity and address of the person(s) who Name and Address: Michael S, Singer 3801 PGA Blvd., Suite 604 Palm Beach Gardens FL 33	per and complete performance of my duties, and I am familiar with m's signature) has/have authority to manage is/are: Title or Capacity: Name and Address:
8. The name, title or capt Title or Capacity; Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law	noity and address of the person(s) who Name and Address: Michael S, Singer 3801 PGA Blvd., Suito 604 Palm Beach Gardens FL 33 sary) of existence, no more than 90 days of of which it is organized. (If the certifit	per and complete performance of my duties, and I am familiar with my signature) has/have authority to manage is/are: Title or Capacity: Name and Address:
8. The name, title or capt Title or Capacity; Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	Registered agent. (Registered agent. (Regist	the and complete performance of my duties, and I am familiar with the second of the se
8. The name, title or capt Title or Capacity; Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	Registered agent. (Registered agent. (Regist	the and complete performance of my duties, and I am familiar with the signature) has/have authority to manage is/are: Title or Capacity: Name and Address: dd, duly authenticated by the official having custody of records in the cate is in a foreign language, a translation of the certificate under oatle

MICHAEL S. SINGER, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

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<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DEA CAPITAL 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 TWENTY-EIGHTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DFA CAPITAL HOLDINGS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2017.

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

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Johny V. Balanca, Generalary of Blade

Authentication: 202794214

Date: 06-28-17