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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

Phone : (800)345-4647

Fax Number : (800) 432-3622

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Foreign Limited Liability Company **DDP MANAGER LLC**

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COVER LETTER

CT: DDP Manager LLC	
: N	ame of Limited Liability Company
losed "Application by Foreign Limited Liabilit	ty Company for Authorization to Transact Business in Florida, "Certifi
ce, and check are submitted to register the above	ve referenced foreign limited liability company to transact business in l
return all correspondence concerning this matte	or to the following:
·	
	Name of Person
Capitol Services - Corporate F	
	Pirm/Company -
206 E. 9th St., Ste. 1300	
•	Address
A	•
Austin TX 78701	City/State and Zip Code
•	, and the control of
·	
E-mail address: (to	be used for future annual report notification)
ther information concerning this matter, please	call:
	at (800) 345-4647
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
Registration Section P.O. Box 6327	Registration Section Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	•

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Mauria mavallable, outer albumate r	arms adopted for the purpose of transacting business in Flor	ids. The elternate name must include "Limit	ed Liability Company," "L.L.C," or "LLC.")
2. Delaware		3.	
(Jurisdiction under the law of w	tion throign limited limbility company is organized)	(PE	I number, if applicable)
4			
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	ngistration.) 20 ponaity tiability)	
5 5847 San Felipe S		6. 5847 San Felipe St	t ra
(Street Address of Suite 3600	Principal Office)	· •	Address) > (7
Houston, Texas 77		Suite 3600	057 AFF 5
Houston, Texas 77	001	Houston, Texas 77	>> N P
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accentable)	SSE CO
		1701 usecpusors)	PHIZ:
Name:	Capitol Corporate Services, Inc.		50 K
Office Address:	155 Office Plaza Dr Ste A	· · · ·	
	Tallahassee	, Florida 3230	1
Registered agent's accep	(City)	(2	ig code)
	s of my position as registered agent.	ur (Oallach	· · · ·
	(Registered agent's s	ML laddock of Cap	ck, Asst. Secretary on behalf itol Corporate Services, Inc.
	(Registered agent's a	MC adock of Cap	·
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent's a acity and address of the person(s) who has Name and Address:	of Cap imature) s/have authority to manage is/a <u>Title or Capacity:</u>	itol Corporate Services, Inc. re: Name and Address:
8. The name, title or cap	(Registered agent's a acity and address of the person(s) who has Name and Address: John H. Nesh	M Addict of Cap shares) s/have authority to manage is/a	ital Corporate Services, Inc.
8. The name, title or caps Title or Capacity:	(Registered agent's a scity and address of the person(s) who has Name and Address: John H. Nash 5847 San Fellpe St. #3600	of Cap imature) s/have authority to manage is/a <u>Title or Capacity:</u>	itol Corporate Services, Inc. re: Name and Address:
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent's a acity and address of the person(s) who has Name and Address: John H. Nesh	of Cap imature) s/have authority to manage is/a <u>Title or Capacity:</u>	itol Corporate Services, Inc. Name and Address: Shirley Banks Robinson
8. The name, title or caps Title or Capacity:	(Registered agent's a scity and address of the person(s) who has Name and Address: John H. Nash 5847 San Fellpe St. #3600	of Cap imature) s/have authority to manage is/a <u>Title or Capacity:</u>	Name and Address: Shirley Banks Robinson 5847 San Felipe St. #360
8. The name, title or caps <u>Title or Capacity:</u> President	(Registered agent's a scity and address of the person(s) who has Name and Address: John H. Nesh 5847 San Fellpe St. #3600 Houston, TX 77057	of Cap imature) s/have authority to manage is/a <u>Title or Capacity:</u>	Name and Address: Shirley Banks Robinson 5847 San Felipe St. #360
8. The name, title or caparate or Capacity: President Vice President	(Registered agent's s scity and address of the person(s) who has Name and Address: John H. Nash 5847 San Fellipe St. #3600 Houston, TX 77057 Kathy K. Binford 5847 San Fellipe St. #3600	of Cap imature) s/have authority to manage is/a <u>Title or Capacity:</u>	Name and Address: Shirley Banks Robinson 5847 San Felipe St. #360
8. The name, title or caparate or Capacity: President Vice President (Use attachments if neces	(Registered agent's s acity and address of the person(s) who has Name and Address: John H. Nesh 5847 San Fellpe St. #3600 Houston, TX 77057 Kathy K. Binford 5847 San Fellpe St. #3600 Houston, TX 77057	of Cap ispature) a/have authority to manage in/a <u>Title or Capacity:</u> Asst. Vice President	Name and Address: Shirley Banks Robinson 5847 San Felipe St. #360 Houston, TX 77057
8. The name, title or caparate or Capacity: President Vice President (Use attachments if neces) Attached is a certificate	(Registered agent's s acity and address of the person(s) who has Name and Address: John H. Nesh 5847 San Fellpe St. #3600 Houston, TX 77057 Kathy K. Binford 5847 San Fellpe St. #3600 Houston, TX 77057 Houston, TX 77057 of existence, no more than 90 days old, of	where authority to manage in/a Title or Capacity: Asst. Vice President	Name and Address: Shirley Banks Robinson 5847 San Felipe St. #360 Houston, TX 77057
8. The name, title or caparate or Capacity: President Vice President (Use attachments if neces) Attached is a certificate urisdiction under the law	(Registered agent's state of the person(s) who has Name and Address: John H. Nash 5847 San Fellpe St. #3600 Houston, TX 77057 Kathy K. Binford 5847 San Fellpe St. #3600 Houston, TX 77057 of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted)	where authority to manage in/a Title or Capacity: Asst. Vice President	Name and Address: Shirley Banks Robinson 5847 San Felipe St. #360 Houston, TX 77057
8. The name, title or caparate or Capacity: President Vice President (Use attachments if necess) Attached is a certificate urisdiction under the law	(Registered agent's a scity and address of the person(s) who has Name and Address: John H. Nesh 5847 San Fellpe St. #3600 Houston, TX 77057 Kathy K. Binford 5847 San Fellpe St. #3600 Houston, TX 77057 of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	Asst. Vice President Luly authenticated by the officients is in a foreign language, a train	Name and Address: Shirley Banks Robinson 5847 San Felipe St. #360 Houston, TX 77057
8. The name, title or caparate or Capacity: President Vice President (Use attachments if neces) Attached is a certificate urisdiction under the law	(Registered agent's a scity and address of the person(s) who has Name and Address: John H. Nesh 5847 San Fellpe St. #3600 Houston, TX 77057 Kathy K. Binford 5847 San Fellpe St. #3600 Houston, TX 77057 of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	where authority to manage in/a Title or Capacity: Asst. Vice President	Name and Address: Shirley Banks Robinson 5847 San Felipe St. #360 Houston, TX 77057
8. The name, title or caping Title or Capacity: President Vice President (Use attachments if necessing Attached is a certificate jurisdiction under the law of the translator must be so	(Registered agent's a scity and address of the person(s) who has Name and Address: John H. Nesh 5847 San Fellpe St. #3600 Houston, TX 77057 Kathy K. Binford 5847 San Fellpe St. #3600 Houston, TX 77057 of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	Asst. Vice President Luly authenticated by the officials in a foreign language, a training of an enhanced power.	Name and Address: Shirley Banks Robinson 5847 San Felipe St. #360 Houston, TX 77057 al having custody of records in the address:
8. The name, title or capt Title or Capacity: President Vice President (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be stated.)	(Registered agent's a scity and address of the person(s) who has Name and Address: John H. Nesh 5847 San Fellpe St. #3600 Houston, TX 77057 Kathy K. Binford 5847 San Fellpe St. #3600 Houston, TX 77057 of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	Above authority to manage in/a Title or Capacity: Asst. Vice President July authoriticated by the officing is in a foreign language, a training of en spherized person (1) (b), Florida Statutes. I am second	Name and Address: Shirley Banks Robinson 5847 San Felipe St. #360 Houston, TX 77057 all having custody of records in the inslation of the certificate under one
8. The name, title or capt Title or Capacity: President Vice President (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be stated.)	(Registered agent's section and address of the person(s) who has Name and Address: John H. Nesh 5847 San Fellpe St. #3600 Houston, TX 77057 Kathy K. Binford 5847 San Fellpe St. #3600 Houston, TX 77057 of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted) Signature of the Department of State constitutes a third that the constitutes a third th	Above authority to manage in/a Title or Capacity: Asst. Vice President July authoriticated by the officing is in a foreign language, a training of en spherized person (1) (b), Florida Statutes. I am second	Name and Address: Name and Address: Shirley Banks Robinson 5847 San Felipe St. #360 Houston, TX 77057 al having custody of records in the inslation of the certificate under oat aware that any false information

<u>Delaware</u>

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DDF MANAGER 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 "DDP MANAGER 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.

111

6453455 8300
SR# 20175002598
You may verify this certificate online at corp. delaware.gov/authver.shtml

Authentication: 202798980

Date: 06-28-17