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| (| Requestor's Name) |
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2017 JULIO 14 4: 2

D. SCOTT JUL 11 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 716344 4144A

AUTHORIZATION : Supple Ref

ORDER DATE : July 10, 2017

ORDER TIME : 3:35 PM

ORDER NO. : 716344-005

CUSTOMER NO: 4144A

FOREIGN FILINGS

NAME: GREY MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

IN COMLIANCE WITH SECTION 605.0902, FLORIDA STATUTES. THE FOLLWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA GREY MANAGEMENT, 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, The alternate mane must include "Limited Liability Company," "L.L.C.," or "LLC.") 65-0920869 <u>Delaware</u> (Jurisdiction under the law of which foreign limited liability company is organized (FEI number, if applicable) <u>July 1, 2017</u> (Date first transacted business in Florida, if prior to registration.) See sections 605 0904 & 605.0905, F.S. in determine penalty liability) 1600 Sawgrass Corporate Parkway, Suite 400 12717 Sunrise Boulevard, #415 (Street Address of Principal Office) (Mailing Address) Sunrise, Florida 33323 Sunrise, Florida 33323 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Steven M. Helfman, Esq. Name: 1600 Sawgrass Corporate Parkway, Suite 400 Office Address: Sunrise Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I um familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Manager Paul Corban 1600 Sawgrass Corporate Parkway, Suite 400 Sunrise, Florida 33323 (Use attachments if necessary) 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) nture of an authorized person 10. This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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. Steven M. Heltman

Typed or printed name of signer

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GREY MANAGEMENT, 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 FIFTH DAY OF JULY, A.D. 2017.

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

FILED # 48

6462305 8300 SR# 20175081315

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

Jeffrey VI, Bulboch, Secretary of State

Authentication: 202826197

Date: 07-05-17