

MI 7000006548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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foreign

1.

PRAGER METIS CPAS, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PRAGER METIS CPAs, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC."

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4. August 1, 2017

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine liability.)

5. 14 Penn Plaza

(Street Address or Principal Office)

New York, NY 10122

6. Prager Metis CPAs, LLC

(Mailing Address)

14 Penn Plaza, New York, NY 10122

Attn: C. Michaelson, COO

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: Raymond Zomerfeld

Office Address: c/o 999 Ponce de Leon Blvd, Suite 1045 33134

Coral Gables

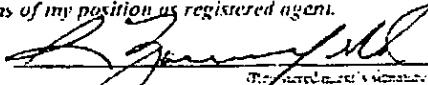
(City)

Florida 33134

(Zip code)

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 am 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:

Title or Capacity:

Name and Address:

Co-Managing Partner

Glenn Friedman

Co-Managing Partner

David Naste

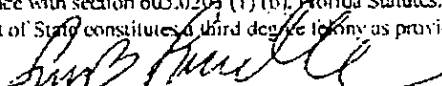
c/o Prager Metis CPAs LLC
14 Penn Plaza, NY, NY, 10122

c/o Prager Metis CPAs LLC
14 Penn Plaza, NY, NY 10122

(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)

10. This document is executed in accordance with section 605.0205 (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.


Signature of authorized person

Authorized Person - Susan Larrabee
Type or printed name of signer

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FLORIDA
STATE

State of New York
Department of State } ss:

I hereby certify, that METIS GROUP CERTIFIED PUBLIC ACCOUNTANTS LLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/24/2002, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment METIS GROUP CERTIFIED PUBLIC ACCOUNTANTS LLC, changing its name to PRAGER METIS CPAS, LLC, was filed 03/15/2013.

The Biennial Statement is past due.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 01st day of August
two thousand and seventeen.*

Brendan W. Fitzgerald
Executive Deputy Secretary of State

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