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COVER LETTER

TO:		istration Section ision of Corporation	s				
SUBJE	CT.	NICE Global LLC					
SODJE	C 1.	<u> </u>	Name of I	Limited Liability C	Company		
The enc Existence	losed :e, an	"Application by Fore d check are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida.
Please re	eturn	all correspondence co	oncerning this matter to the	following:			
		Angela Johnson					
			Na	ıme of Person		·	
		NICE Global LI	LC				
			Fi	rm/Company			
		700 Banyan Tra	iil, Ste 200				
				Address			
		Boca Raton, FL	33431				
			City/St	ate and Zip Code			
		anjohnson@nice.	com.jm				
			E-mail address: (to be used	for future annual	report not	ification)	
For furti	her in	formation concerning	g this matter, please call:		-		
	Ang	gela Johnson		561 at (408-056	56	
		Name of	f Contact Person	Area Code	Day	time Telephone Number	
	Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose		check for the followi 125.00 Filing Fee	ing amount: \$\B\$\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate is 2. Delaware				
n Delaware	une adopted for the purpose of transacting business in Flori			bility Company," "L.L C," or "LLC.")
	ich foreign limited liability company is organized)	3.	82-1954914 (FFI mum)	per, it applicable)
	, - , - , - ,		\.	,
4. 06-23-2017	(Data first temperated business in Florida, Engas to a	A.M. of transferred		
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration ie penalty	liability)	
5. 8 The Green, Suite A		6.	700 Banyan Trail, Ste 200	
(Street Address of P Dover, DE 19901	nncipal Office)		(Mailing Add Boca Raton, FL 33431	ress)
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> a	acceptable)	
Name:	A Registered Agent			
Office Address:	700 Banyan Trail, Ste 200			
	Boca Raton		, Florida 33431 (Zip cod	
Registered agent's accept	(Cuy)		(Zip cod	le)
designated in this applicate to comply with the provisi	tion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent.	registe	ered agent and agree to act	in this capacity. I further agree
designated in this applicate to comply with the provision and accept the obligations	tion, I hereby accept the appointment as ons of all statutes relative to the proper of of my position as registered agent. (Registered agent's s	registe and con	ered agent and agree to act mplete performance of my	in this capacity. I further agree
to comply with the provisi and accept the obligations	tion, I hereby accept the appointment as ons of all statutes relative to the proper of of my position as registered agent.	ignature)	ered agent and agree to act mplete performance of my	in this capacity. I further agree
designated in this applicate to comply with the provisi and accept the obligations 8. The name, title or capa	tion, I hereby accept the appointment as ons of all statutes relative to the proper of of my position as registered agent. (Registered agent's sincity and address of the person(s) who has	ignature)	ered agent and agree to act implete performance of my authority to manage is/are:	in this capacity. I further agriduties, and I am familiar with
designated in this applicate to comply with the provisionand accept the obligations 8. The name, title or capa Title or Capacity:	cition, I hereby accept the appointment as ons of all statutes relative to the proper of of my position as registered agent. (Registered agent's sincity and address of the person(s) who has Name and Address: Anthony Arcodia 700 Banyan Trail, Ste 200	ignature)	ered agent and agree to act implete performance of my authority to manage is/are:	in this capacity. I further agriduties, and I am familiar with
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designated in this applicate to comply with the provisionand accept the obligations 8. The name, title or capa Title or Capacity:	city and address of the person(s) who has Name and Address: Anthony Arcodia 700 Banyan Trail, Ste 200 Boca Raton, FL 33431	ignature)	ered agent and agree to act implete performance of my authority to manage is/are:	in this capacity. I further agriduties, and I am familiar with Name and Address:
designated in this applicate comply with the provisionand accept the obligations 8. The name, title or capa Title or Capacity: Managing Partner (Use attachments if necesses) 9. Attached is a certificate	city and address of the person(s) who has Name and Address: Anthony Arcodia 700 Banyan Trail, Ste 200 Boca Raton, FL 33431 sary) of existence, no more than 90 days old, dof which it is organized. (If the certificate	ignanure) s/have a Ti	ered agent and agree to act implete performance of my authority to manage is/are: tle or Capacity:	Name and Address:
designated in this application comply with the provisionand accept the obligations. 8. The name, title or capatate or Capacity: Managing Partner (Use attachments if necessing the control of the translator must be seen to complete the law of the law o	cition, I hereby accept the appointment as ons of all statutes relative to the proper of of my position as registered agent. (Registered agent's sincity and address of the person(s) who has Name and Address: Anthony Arcodia 700 Banyan Trail, Ste 200 Boca Raton, FL 33431 sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203	ignature) s/have a Ti duly aut e is in a	authority to manage is/are: tle or Capacity: thenticated by the official har foreign language, a translate, Florida Statutes. I am await.	Name and Address: Name and Addr
designated in this application comply with the provisionand accept the obligations. 8. The name, title or capatate or Capacity: Managing Partner (Use attachments if necessing the control of the translator must be seen to complete the law of the law o	ition, I hereby accept the appointment as ons of all statutes relative to the proper of of my position as registered agent. (Registered agent's staticity and address of the person(s) who has Name and Address: Anthony Arcodia 700 Banyan Trail, Ste 200 Boca Raton, FL 33431 sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate abmitted)	ignature) s/have a Ti duly aut e is in a	authority to manage is/are: tle or Capacity: thenticated by the official har foreign language, a translate, Florida Statutes. I am await.	Name and Address: Name and Addr

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "NICE GLOBAL 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-THIRD DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NICE GLOBAL 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.

Authentication: 202765525

Date: 06-23-17

6453294 8300 SR# 20174909624