M17000008460

(F	Requestor's Name)					
(<i>F</i>	Address)					
(F	Address)					
(0	City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(E	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						





400304142764

10/03/17--01010--005 **185.00

FILED
17 OCT -3 AH 8: 43



SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724

	DATE 10/3/17 **WALK IN**
ENTITY NAME	Thor Management Company LLC
DOCUMENT N	UMBER
	PLEASE FILE THE ATTACHED AND RETURN
	Plain Copy
	Certified Copy
	Certificate of Status
<u></u>	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certificate of Good Standing
	APOSTILLE' / NOTARIAL CERTIFICATION
	NUMBER OF CERTIFICATES REQUESTED
TOTAL S OWED CHECK # 40°	

	gistration Section vision of Corporatio	ns				
	Thor Management	Company LLC	 			
SUBJECT		Name of	Limited Liability	Company		
The enclose Existence, a	ed "Application by Fo and check are submitte	reign Limited Liability Com ed to register the above refer	pany for Authoriz enced foreign lim	ation to Traited liability	ansact Business in Florida," y company to transact busine	Certificate of ess in Florida.
Please retu	n all correspondence	concerning this matter to the	following:			
	Joey Kelley		1			
		N	ame of Person		 	
	United Corpor	ate Services, Inc.	ļ			
	<u> </u>		irm/Company	<u> </u>		
	100 State Stree	et 8th Floor				
			Address			
	Albany NY 12	208	, (
		City/S	tate and Zip Code			
	sburger@thoreq	uities.com				
		E-mail address: (to be use	d for future annua	report not	ification)	
For further	information concernin	g this matter, please call:	, 			
_			_ at ()		
	Name (of Contact Person	Area Code	Day	time Telephone Number	
Di Re P.0	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314		! ! !	Division Registrati Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	A\$155,00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	

COVER LETTER

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: Thor Management Company LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "U.C.") of name unavailable, cater niternate name adopted for the purpose of transacting business in Florida. The alternate name include "Limited Liability Company," "Lil. C." or "Lil.C." Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Upon filing (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6. 25 West 39th Street, 11th Floor 25 West 39th Street, 11th Floor TOCT 3 H 8 5 (Mailing Address) (Street Address of Principal (Affice) New York, NY 10018 New York, NY 10018 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United Corporate Services, Inc. Name: 9200 South Dadeland Blvd - Suite 508 Office Address: ____, Florida 33156 Miami (Cnv)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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Morris Missry Joseph Sitt <u>Authorized Pers</u>on Authorized Person 885 Second Avenue, 47th FI 25 West 39th Street 11th FI New York, NY 10017 New York, NY 10018 (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 605,0203 (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. Signature of an authorized person Morris Misry Typed or printed name of signer

Delaware

Page I

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THOR MANAGEMENT COMPANY 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-NINTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THOR MANAGEMENT COMPANY LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2011.

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

5088620 8300

SR# 20176398976

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

Authentication: 203315084

Date: 09-29-17