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ALL ALL SECRETARY OF THE SECRETARY OF

COVER LETTER

	Registration Section Division of Corporations
ВЈЕС	Dolphin Associates OK FL LLC
	Name of Limited Liability Company
e enclo stence	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica and check are submitted to register the above referenced foreign limited liability company to transact business in Fl
ase ret	irn all correspondence concerning this matter to the following:
	Mark L. Plaumann
	Name of Person
	Greyhawke Capital Advisors LLC
	Firm/Company
	777 West Putnam Avenue, 1st Floor
	Address
	Greenwich, CT 06831
	City/State and Zip Code
	dtiernan@greyhawke.com
	E-mail address: (to be used for future annual report notification)
Further	information concerning this matter, please call:
	Denise Tiernan 845 206-8717
	Name of Contact Person Area Code Daytime Telephone Number
Di Re P.	AILING ADDRESS: vision of Corporations gistration Section Division of Corporations Registration Section Clifton Building lahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
osed is	a check for the following amount: \$125.00 Filing Fee \$\simegar{\text{\$130.00 Filing Fee}}\$\$ Certificate of Status \$\simegar{\text{\$Certified Copy}}\$\$ Certified Copy

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

Dolphin Associates	BUSINESS IN THE STATE OF FLORIDA: OK FL. L.I.C.		
(Name of Foreig	n Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "L.I.C.")	
(If name unavailable, water alternate	name adopted for the purpose of transacting business in Flo	nda. The alternate name must include "Limsted Liability (Continuery," "L L.C," or "LLC.")
2. Delaware (Jurisdiction under the law of a	which foreign limited liability company is organized)	3. <u>13-2887525</u>	
	isotolga annico naminy company is organized)	(FEI number, if	applicable)
1. July 31,2017	(Date first transported burning)		1
ata Carata da Cara	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	egistration) se pensity liability)	_
C/o Greyhawke Capita	Al Advisors LLC	6. c/o Greyhawke Capital Advisor	's LLC
777 West Putnam Ave		(Mailing Address) 777 West Putnam Avenue, 1st I	iloor
Greenwich, CT 0683	1	Greenwich, CT 06831	1001
		otenwen, c1 00851	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT against 1	주유 <u>국</u>
	Denise Tiernan	NOT acceptable)	CAR CR
Name:			그 중심 무리
Office Address:	12150 SW Bennington Circle		- SS 3- 14
	Port Saint Lucie	- 34987	in i
egistered agent's accep	(City)	, Florida 34987 (Zip code)	
	o Ham and to accept service of pr	ocess for the above stated limited liabi	lity company at the place
		ocess for the above stated limited liabi registered agent and agree to act in th	
comply with the provisi	ons of all statutes relative to the proper of		
comply with the provisi	tion, I hereby accept the appointment as ons of all statutes relative to the proper of sof my position as registered agent.		
comply with the provisi	ions of all statutes relative to the proper as sof my position as registered agent	registered agent and agree to act in thi nd complete performance of my duties	
comply with the provisi and accept the obligations	ons of all statutes relative to the proper of sof my position as registered agent	registered agent and agree to act in thi ind complete performance of my duties	
comply with the provising accept the obligations The name, title or capa	ions of all statutes relative to the proper as sof my position as registered agent. (Registered agent's significant and address of the person(s) who has	registered agent and agree to act in thind complete performance of my duties manuel have authority to manage is/are:	s capatity. I further agr
comply with the provising accept the obligations The name, title or capa Title or Capacity:	ions of all statutes relative to the proper as so my position as registered agent (Registered agent)	registered agent and agree to act in thind complete performance of my duties manuel have authority to manage is/are:	
comply with the provisi and accept the obligations The name, title or capa	city and address of the person(s) who has Mane and Address: Mark L. Plaumann	registered agent and agree to act in thind complete performance of my duties manuel have authority to manage is/are:	s capatity. I further agr
comply with the provising accept the obligations The name, title or capa Title or Capacity:	city and address of the person(s) who has Name and Address: Mark L. Plaurnann C/O Greyhawke Capital Advisor	registered agent and agree to act in thind complete performance of my duties manuel have authority to manage is/are:	s capatity. I further agr
comply with the provising accept the obligations The name, title or capa Title or Capacity:	city and address of the person(s) who has Mane and Address: Mark L. Plaumann	registered agent and agree to act in thind complete performance of my duties manuel have authority to manage is/are:	s capa city. I further agr
comply with the provising accept the obligations The name, title or capa Title or Capacity:	city and address of the person(s) who has Name and Address: Mark L. Plaurnann C/O Greyhawke Capital Advisor	registered agent and agree to act in thind complete performance of my duties manuel have authority to manage is/are:	s capa city. I further agr
comply with the provising accept the obligations The name, title or capa Title or Capacity:	city and address of the person(s) who has Name and Address: Mark L. Plaurnann C/O Greyhawke Capital Advisor	registered agent and agree to act in thind complete performance of my duties manuel have authority to manage is/are:	s capatity. I further agr
comply with the provisi d accept the obligations. The name, title or capa Title or Capacity: Manager	city and address of the person(s) who has Name and Address: Mark L. Plaumann C/O Greyhawke Capital Advisor 777 West Putnam Ave., Green	registered agent and agree to act in thind complete performance of my duties manuel have authority to manage is/are:	s capa city. I further ago
comply with the provisis and accept the obligations. The name, title or capa Title or Capacity: Manager	city and address of the person(s) who has Name and Address: Mark L. Plaumann C/O Greyhawke Capital Advisor 777 West Putnam Ave., Green	registered agent and agree to act in thind complete performance of my duties manure) have authority to manage is/are: Title or Capacity: Na	is capacity. I further ago
comply with the provision accept the obligations. The name, title or capa Title or Capacity: Manager Attached is a certificate of	city and address of the person(s) who has Name and Address: Mark L. Plaumann C/o Greyhawke Capital Advisor 777 West Putnam Ave., Green ary)	registered agent and agree to act in thind complete performance of my duties manure) have authority to manage is/are: Title or Capacity: Na	s capacity. I further ago
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The name, title or capa Title or Capacity: Manager Attached is a certificate of isdiction under the law of the translator must be sufficiently.	city and address of the person(s) who has Name and Address: Mark L. Plaumann C/O Greyhawke Capital Adviso 777 West Putnam Ave., Green ary) of existence, no more than 90 days old, duf which it is organized. (If the certificate in comitted)	registered agent and agree to act in thind complete performance of my duties panage) have authority to manage is/are: Title or Capacity: Na If y authenticated by the official having company to the property of the company to th	ustody of records in the
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The name, title or capa Title or Capacity: Manager Attached is a certificate of saliction under the law of the translator must be sufficiency.	city and address of the person(s) who has Name and Address: Mark L. Plaumann C/O Greyhawke Capital Advisor 777 West Putnam Ave., Green ary) of existence, no more than 90 days old, dury f which it is organized. (If the certificate is omitted) and in accordance with section 605.0203 (the Department of State constitutes a third	registered agent and agree to act in thind complete performance of my duties panage) have authority to manage is/are: Title or Capacity: Na If y authenticated by the official having company to the property of the company to th	ustody of records in the

Typed or printed name of signee

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "DOLPHIN ASSOCIATES OK FL 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-FOURTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOLPHIN ASSOCIATES OK FL LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2017.

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

Authentication: 203451907

Date: 10-24-17

6497346 8300 SR# 20176765377

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