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COVER LETTER

TO:

Registration Section

Division of Corporation	ons		
SUBJECT:	PXE (aroup, UC	
	Tibilio (11	ontoted Discinity Company	
The enclosed "Application by Fo Existence, and check are submitted."	oreign Limited Liability Comp led to register the above refere	any for Authorization to Transced foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return all correspondence	concerning this matter to the	following:	
	Lobe	rt Scaduto	
•	Ne	rne of Person	
· · · · · · · · · · · · · · · · · · ·	Fir	rm/Company	
	20912 F	inar Trail	
-		Address	
	Boca Rato	in, FL 334	/33
	J.,		
<u> </u>	Y S C G of E-mail address: (to be used	utop pxegrou for future annual report no	n.com fication)
For further information concerni	ng this matter, please call:		
Rober	rt Scaduto of Contact Person	at (954) 4 Area Code Day	01-8322 rtime Telephone Number
MAILING ADDRESS Division of Corporation			ADDRESS: of Corporations
Registration Section	ion Section Registration Section		ion Section
P.O. Box 6327 Tallahassee, FL 32314		2661 Exe	coutive Center Circle see, FL 32301
Enclosed is a check for the follows \$125.00 Filing Fee	wing amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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: (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LI.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Honda. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC," 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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: (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 conficate 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 60)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of Sta degree felony as provided for in s.817.155, F.S.

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

DELAWARE, DO HEREBY CERTIFY "PXE GROUP 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PXE GROUP LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2017.

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

Authentication: 203567271

Date: 11-14-17

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