| M17000 |)1039a |
|---|---|
| (Requestor's Name) (Address) (Address) | 100302525701 |
| (City/State/Zip/Phone #) | 2217 DEC 68 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
| (Document Number) Certified Copies Certificates of Status | |
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J. HARRIE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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| | ACCOUNT NO. | : | I2000000195 |
|--------------|------------------|-----|----------------|
| | REFERENCE | : | 942311 4719852 |
| | AUTHORIZATION | : (| Super - man |
| | COST LIMIT | : | \$ 125.00 |
| | | | |
| ORDER DATE : | December 5, 2017 | | |
| ORDER TIME : | 12:51 PM | | |
| ORDER NO. : | 942311-005 | | |
| CUSTOMER NO: | 4719852 | | |
| | | | |

FOREIGN FILINGS

NAME: H2 ADVISERS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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 H2 Advisers LLC

| Delaware (Jurisdiction under the law of whi | | | | | | | |
|--|--|---|--------------|-------------------|----------------|----------|-----------|
| (Jurisdiction under the law of whi | | 3. | | | | | |
| | ch foreign lumited liability company is organized) | (FEI number, | | | if applicable) | | |
| N/A | | | | | | | |
| | (Date first transacted business in Flonda, if prior to i (See sections 605,0904 & 605,0905, F.S. to determine | registration.) ine penalty liability | e) | | — | | |
| | | 6. | | | | | |
| (Street Address of Pr | - | | | (Mailing Address) | | | _ |
| #1610, 6423 Collins Av | venue | #161 | 10. 6423 Co | ollins Avenue | | fr 7 | |
| Miami Beach, FL 3314 | 1 | Mia | mi Beach. F | FL 33141 | |] [] | |
| i | | | | | : | 1 | |
| N1 1 11 | | NOT | | | · · | - - O | •••• |
| Name and street address | s of Florida registered agent: (P.O. Box | <u>NOT</u> accep | abie) | | | õ | |
| Name: | Corporation Service Company | | | | •• | | |
| Office Address: | 1201 Hays Street | | | | | ç | |
| Office Address. | Tallahassee | | _ | 22201 | | ະ ເກີ | |
| | | | Florida | | | ω | |
| abtend upont's upper | (Cny) | | | (Zip code) | | | |
| gistered agent's accept | ance: gistered agent and to accept service of j | near for t | ha ahawa ci | atad limitad lia | hility comm | | etes est |
| | ion, I hereby accept the appointment a | | | | | | |
| | ons of all statutes relative to the proper | | | | | | |
| | of my position as registered agent. | una compte | е реграна | mee of my and | cs, una i a | m jumn | 1147 151 |
| | Corporation Service Company | 1 | \cap | | | | |
| | By: | MANI | no à ch | LAPA | Rox | anne | Turn |
| - | (Registered agent's | signature) | | | Asst. | Vice F | resid |
| | | | | | | | |
| 771 | city and address of the person(s) who ha | as/have autho | prity to man | age is/are: | | | |
| I he name, title or capac | · · · · · · · · · · · · · · · · · · · | | | U | | | |
| <u>Title or Capacity:</u> | Name and Address: | | r Capacity | - | Name and / | Addres: | <u>s:</u> |

| | #1610, 6423 Collins Avenue Miami Beach, FL 33141 | |
|---------|--|------|
| Partner | Paul Hoogterp #1610, 6423 Collins Avenue Miami Beach, FL 33141 | |

(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

Wissam Otaky, Partner

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "H2 ADVISERS 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 SEVENTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "H2 ADVISERS LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2017.

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



Jeffrey W. Bul

Authentication: 203710072 Date: 12-07-17

Page 1

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