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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL IN

Account Number : 110432003053 : (561)694-8107 Phone : (561)694-1639 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please. **

Email Address:

Foreign Limited Liability Company

Vacaya LLC

Andrew Company
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1. .

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Vacaya, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") N/A (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 2. Delaware 82-2980680 (FEI number, it applicable) (Jurisdiction under the law of which foreign limited hability company is organized) Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 457 Warren Street, Brooklyn, NY 11217 (Street Address of Principal Office) same as above (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) John Finen Nome: 3233 Northeast 34th street Suite 1619 Office Address: , Florida 33308 Fort Lauderdale (City) 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. Infurther agree to complywith 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: John Finen, Member, 457 Warren Street, Brooklyn, NY 11217 Randle J. Roper, Member, 457 Warren Street, Brooklyn, NY 11217 Patrick Gunn, Member, 457 Warren Street, Brooklyn, NY 11217 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)

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

John Finen, Member

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VACAYA 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 SECOND DAY OF NOVEMBER, A.D. 2017.

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

:7.

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

Authentication: 203506083

Date: 11-02-17