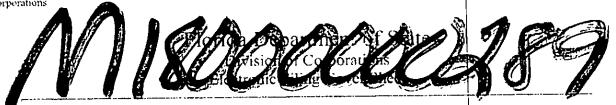
Division of Corporations



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O SIMMONS

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

IN COMPLIANCE IVITH SECT COMPANY TO TRANSACT BU	TION 605.0902, FLORIDA STATUTES, THE PA SINESS INTHE STATE OF FLORIDA:	JEDONENO DO GOISINI (IEDO TO TELEBORIO)	7/7/0/22/21/ 25/22/21/21/21/21/21
	Limited Lisbility Company; must include "Limite		
Ilfnamm uns enlable, enter alternate na	one adopted for the purpose of transacting business in Fig.	orida. The alternate name must include "Limited Elabili	ty Company," "L.L.C." or "LI C.")
2 Delaware		z 47-4011931	
(lurisdiction under the law of wh	nich foreign limited limbility company is digamzed)	(FEI number,	if applicable)
4. N/A	(Date first transacted bourses at Fluinda, dipries to (See sections 605,0904 & 605,0905, F.S. in determ	(cgktration)	
	(See sections 605.0904 & 605,0975, P.S. in determ	tine penalty liability)	
5. 3841 NE 2nd Avenue		6. 3841 NE 2nd Avenue	<u></u>
(Sure: Address of )	riacipal Office;	Suite 400	= = 11
Suite 400		Miami, Florida 33137	7
Miami, Florida 33137		ivitaliti, i torida 3313.	
Name and <u>street address</u> Name:     Office Address:	SS of Florida registered agent: (P.O. Ho Craig Robins  1841 NE 2nd Avenue, Suite 400	v NOT acceptable)	H 9.29
Office Address.		33137	To have
	Miami (City) 4	, Florida 33137	<del></del>
Registered agent's accep	printed.	torogress for the above stated limited.	liability company at the place
Having been named as r designated in this applicate to comply with the proving	egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent.		liability company at the place in this capacity. I further agree luties, and I am familiar with
Having been named as r designated in this applicate to comply with the proving	existered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the profi		liability company at the place in this capacity. I further agree luties, and I am familiar with
Having been named as r designated in this applica to comply with the provis and accept the obligation	egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent.	- Sarpharen	liability company at the place in this capacity. I further agree luties, and I am familiar with  Name and Address:
Having been named as r designated in this applica to comply with the provis and accept the obligation  8. The name, title or cui Title or Capacity:	agistered agent and to accept service of atton, I hereby accept the appointment sions of all statutes relative to the property of my position as registered agent. We provide the property and address of the person(s) who Name and Address:  Craig Robins	has/haveputhority to manage is are:	
Having been named as r designated in this applied to comply with the provis and accept the obligation 8. The name, title or cu	egistered agent and to accept service of attion, I hereby accept the appointment sions of all statutes relative to the profits of my position as registered agent. You want to be a serviced agent. You want to be appointment to be appointment.	has/haveputhority to manage is are:	
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Having been named as r designated in this applicate comply with the provis and accept the obligation  8. The name, title or cup Title or Capacity: Managing Member  Member  (Use attachments if necessity is a certification under the late of the translator must be	egistered agent and to accept serviced pation, I hereby accept the appointment sions of all statutes relative to the profits as af my position as registered agent. We profit and address of the person(s) who name and Address:  Craig Robins  3841 NE 2nd Ave., Ste. 400 Miami, FL 33137  Steven Gretenstein  3841 NE 2nd Ave., Ste. 400 Miami, FL 33137  cessary)  site of existence, no more than 90 days of which it is organized. (If the certific submitted)	has have puthority to manage is are:  Tale or Capacity:  Id, duly authenticated by the official hacate is in a fer sign language, a translate	Name and Address:  aving custody of records in the sion of the certificate under oath
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## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CR PAX 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 NINTH DAY OF JANUARY, A.D. 2018.

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

5745140 8300

SR# 20180153132

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

Justiney M. Shuttacin, Successary of States

Authentication: 201943762

Date: 01-09-18