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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| то: | | stration Section sion of Corporation | ıs | | | |
|-----------------------|------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------|
| SUBJEC | | NS0154, LLC | | | | |
| 30030 | C1 | | Name of | Limited Liability (| Company | |
| The encl Existence | losed ' e, and | "Application by For I check are submitted | eign Limited Liability Com d to register the above refer | pany for Authoriza enced foreign limit | tion to Tra ted liability | ansact Business in Florida," Certificate of y company to transact business in Florida, |
| Please re | eturn a | all correspondence c | oncerning this matter to the | following: | | |
| | | Brian Newman | L | | | |
| | | | N | ame of Person | | · · · · · · · · · · · · · · · · · · · |
| | | Shelving Rock, | LLC | | | |
| | | · · | F | irm/Company | | |
| | | 3 Corporate Dri | ive. Ste 208 | | | |
| | | . | , , , , | Address | | |
| | | Shelton, CT 06- | 484 | | | |
| | | | City/S | State and Zip Code | · <u>-</u> - | |
| | | bnewman@shelv | ingrock.com | | | |
| | | | E-mail address: (to be use | d for future annual | report not | ification) |
| For furth | her inf | formation concerning | g this matter, please call: | | | |
| | Bria | n Newman | | 866 at (| 598-25 | 46 |
| | | Name o | f Contact Person | Area Code | Day | time Telephone Number |
| | Divis Regis P.O. | LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314 | | | Division Registrat Clifton B 2661 Exc | FADDRESS: of Corporations ion Section cuilding recutive Center Circle see, F1, 32301 |
| Enclosed | | check for the follow 25.00 Filing Fee | ing amount: \$\Boxed{\Boxes} \$130.00 \text{ Filing Fee & Certificate of Status} | ☐ \$155.00 Filir Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee. Certificate of Status & Certified Copy |

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign | n Limited Etability Company; must include "Lir | mited Liability Company, 1 L.L.C., or "LEC.) | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| t'name unavailable, enter alternate | name adopted for the purpose of transacting business in | n Florida. The alternate name must include "Limited Liab | ulity Company," "L.L.C," or "LLC,") |
| Delaware | | 3 35-2540934 | |
| • | which foreign limited liability company is organized) | (FEI numb | er, (l'applicable) |
| January 1, 2018 | | | |
| | (Date first transacted business in Florida, if prio (See sections 605 0904 & 605,0905, F.S. to det | or to registration.) termine penalty liability) | |
| NS0154, LLC | | 6. NS0154, LLC | |
| (Street Address of | - | (Mailing Addr | |
| 601 Brickell Key Driv | /e. Suite 700 | 601 Brickell Key Drive, Su | IRE 700 |
| Miami, FL 33131 | | Miami, FL 33131 | |
| Nome and stand of he | and the state of t | Day NVVP and intulated | |
| . Name and <u>street addre</u> | ess of Florida registered agent: (P.O. P | sox <u>inor</u> acceptante) | |
| Name: | CT Corporation System | | - . |
| Office Address: | 1200 South Pine Island Road | | T. |
| | Plantation | cia. 33324 | * ************************************ |
| | (City) | , Florida 33324 (Zip code | · · · · · · · · · · · · · · · · · · · |
| lesignated in this applic o comply with the provis | ation, I hereby accept the appointmen sions of all statutes relative to the proj as of my position as registered agent. | of process for the above stated limited at as registered agent and agree to act to per and complete performance of my a Candice Pignataro, Asst. S. C. T. Corporation, System | in this capacity. I further ag luties, and I am familiar wit |
| lesignated in this applic o comply with the provis | ation, I hereby accept the appointmen sions of all statutes relative to the proj as of my position as registered agent. | nt as registered agent and agree to act t per and complete performance of my c | in this capacity. I further ag luties, and I am familiar wit |
| lesignated in this applic o comply with the provisi and accept the obligation | ation, I hereby accept the appointmen sions of all statutes relative to the proj as of my position as registered agent. | nt as registered agent and agree to act in per and complete performance of my of Candice Pignaturo, Asst. Some Comporation System (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | in this capacity. I further ag luties, and I am familiar wit |
| lesignated in this applice ocomply with the provisiond accept the obligation 8. The name, title or cap | ation, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent. (Registered agent agent) (Registered agent) | nt as registered agent and agree to act a per and complete performance of my of Candice Pignature, Asst. Soft Corporation System (and System of Assistantia) has/have authority to manage is/are: | in this capacity. I further ag luties, and I am familiar wit ecretary, |
| designated in this application comply with the provisional accept the obligation accept the obligation. 8. The name, title or capacity: | nation. I hereby accept the appointment sions of all statutes relative to the project of my position as registered agent. (Registered agent) (Registered agent) (Registered agent) (Registered agent) (Registered agent) | at as registered agent and agree to act a per and complete performance of my of Candice Pignataro, Asst. So C. T. Corporation System (and signature) Title or Capacity: | in this capacity. I further ag luties, and I am familiar wit ecretary, |
| designated in this application comply with the provisional accept the obligation accept the obligation. 8. The name, title or capacity: | nation. I hereby accept the appointment sions of all statutes relative to the project of my position as registered agent. (Registered agent accept and address of the person(s) who Name and Address: Stephen Lamando 601 Brickell Key Dr., Stephen | at as registered agent and agree to act a per and complete performance of my of Candice Pignataro, Asst. So C. T. Corporation System (and signature) Title or Capacity: | in this capacity. I further ag luties, and I am familiar wit ecretary, |
| designated in this application of comply with the provisional accept the obligation accept the obligation accept the name, title or capacity: Manager | nation, I hereby accept the appointment sions of all statutes relative to the property of the position as registered agent. (Registered agent accept and address of the person(s) who have and Address: Stephen Lamando 601 Brickell Key Dr., Stephen Lami, FL 33131 | nt as registered agent and agree to act of per and complete performance of my of Candice Pignataro, Asst. So C. T. Corporation System (and visignature) The has/have authority to manage is/are: Title or Capacity: | in this capacity. I further ag luties, and I am familiar wit ecretary, |
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| lesignated in this application of comply with the provisional accept the obligation. 8. The name, title or capacity: Manager Authorized Person (Use attachments if neces). Attached is a certificat | order of existence, no more than 90 days of of which it is organized. (If the certifications of all statutes relative to the proposition as registered agent. (Registered agent) (Regist | nt as registered agent and agree to act of per and complete performance of my of Candice Pignataro, Asst. So C. T. Corporation System (and visignature) The has/have authority to manage is/are: Title or Capacity: | in this capacity. I further agluties, and I am familiar wit ecretary, Name and Address: |
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Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "NS0154, 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 SEVENTEENTH DAY OF JANUARY, A.D. 2018.

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

Authentication: 201980639

Date: 01-17-18