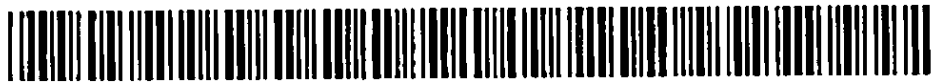


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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6393

From:
Account Name : DELANEY CORPORATE SERVICES
Account Number : I20140000112
Phone : (800) 717-2810
Fax Number : (518) 465-7883

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

Email Address: Katoshepper2@gmail.com

Foreign Limited Liability Company
ODGERS BERNDTSON, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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. ODGERS BERNDTSON, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 45-2063148
(FEI number, if applicable)
4. _____
(This firm transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0903, F.S. to determine penalty liability)
5. 750 LEXINGTON AVENUE, 10TH FLOOR
(Street Address of Principal Office)
NEW YORK, NY 10022
6. 350 FIFTH AVENUE, 41ST FLOOR
(Mailing Address)
NEW YORK, NY 10118

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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.

Patricia M. Rice
(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:
<u>MANAGER/CEO</u>	<u>STEVEN POTTER</u> <u>750 Lexington Ave., 10th Fl.</u> <u>New York, NY 10118</u>		

(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:

STEVEN POTTER

Typed or printed name: signee

2018 MAR 8 A 10:40
FED
DEPT OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ODGERS BERNDTSON, 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ODGERS BERNDTSON, LLC" WAS FORMED ON THE FOURTH DAY OF MAY, A.D. 2011.

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

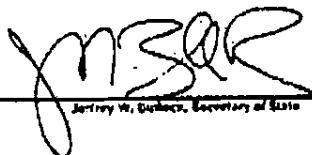
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You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202226830

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