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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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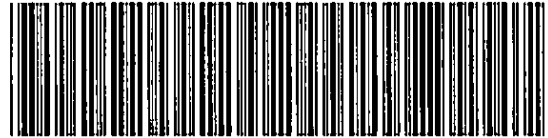
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Markers Edge LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amanda Taylor

Name of Person

Skene Law Firm

Firm/Company

2614 Route 516, 2nd Floor

Address

Old Bridge, NJ 08857

City/State and Zip Code

simonrichmond@markersedge.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Taylor

at (_____) _____

732

727-5030

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. Markers Edge LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP")

If name is available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP"

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-3509008

(EIT number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration. I
See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 501 Northpoint Parkway, Suite 49

(Street Address of Principal Office)

West Palm Beach, FL 33407

6. 75 Cleveland Lane

(Mailing Address)

Princeton, NJ 08540

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

Name: David Shannon

Office Address: 110 SE 6th, Suite 2600

Fort Lauderdale

Florida 33301

(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.

(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:

LLC Manager

Ben Weiss

270 Lambert Dr.
Princeton, NJ 08540

(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)

Ben Weiss, LLC Manager

(Typed or printed name of signer)

Delaware

The First State

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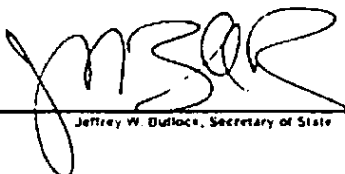
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARKERS EDGE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARKERS EDGE LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2017.

18 MAR 12 AM 9:49

CL




Jeffrey W. Bullock, Secretary of State

6605730 8300

SR# 20181710671

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

Authentication: 202259438

Date: 03-05-18