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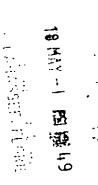
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05:00)2, FLORIDA STATUTES. THE FOLLOWING INSUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BY SINESS IN THE STATE OF FLORIDA:

lf n	amo unavailable, enter altermite o	ame adopted for the purpose of transacting business in Flor			Іну Соправу	y," "1. L.C."	or "ELC")	
2. <u> </u>	Delaware		3.	20-1970862	r, it applicate	1		
	Heisdiction under the law of wi	hich foreign luinted liability company is organized)		(FE) aunoc	r, is applicate	iej		
١.		(Date first transacted business in Florida, if prior to	enistraliux	<u>.</u>				
	100 B I I	(See sections 605 0404 & 605 0405, F.S. to determs	ne penalty	liability)				
5.	400 Park Avenue	row and Office)	6.	400 Park Avenue	561	:-	€	
	Suite 1620	The part of the of		Suite 1620	.,	:		: .
•	New York, NY 10022			New York, NY 10022				
•						-5,		7
7.	Name and street addres	s of Florida registered agent: (P.O. Box	NOT_	acceptable)		•	23⊀	
	Name:	Registered Agents Inc.				- (*	1,53	•
	(vanic:					-	عَ	
	Office Address:	3030 N. Rocky Point Dr. STE 150A						
		Tampa		, Flurida 33607 (Zip code)				
		(City)		(Zip code)				
		ons of all statutes relative to the proper s of my position as registered agent.	and co	mplete performance of my de	uties, an	d I a m fo	wiliar	with
			Be	mplete performance of my de	uties, and	d I am fi	amiliar	with
na	t accept the obligations	s of my position as registered agent. (Registered agent's a	Be ignature)	2 Home	uties, and	d I am fi	umiliar	with
ina	t accept the obligations	s of my position as registered agent.	Beignature) s/have	2 Home		d I am fo		with
ina	The name, title or capa	(Registered agent. (Registered agent's a secity and address of the person(s) who ha	Beignature) s/have	authority to manage is/are:				with
na	t accept the obligations The name, title or capa	(Registered agent). (Registered agent's a secity and address of the person(s) who has Name and Address: Todd Cather 400 Park Avenue, Suite 1620	Beignature) s/have	authority to manage is/are:				with
na	The name, title or capa	(Registered agent's a recity and address of the person(s) who ha Name and Address: Todd Cather	Beignature) s/have	authority to manage is/are:				
na	The name, title or capa	(Registered agent). (Registered agent's a secity and address of the person(s) who has Name and Address: Todd Cather 400 Park Avenue, Suite 1620	Beignature) s/have	authority to manage is/are:				
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8.	The name, title or capa Title or Capacity: Manager	(Registered agent). (Registered agent) a recity and address of the person(s) who has Name and Address: Todd Cather 400 Park Avenue, Suite 1620 New York, NY 10022	Beignature) s/have	authority to manage is/are:				with
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NDC INVESTMENT HOLDINGS 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-FIFTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NDC INVESTMENT HOLDINGS LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2004.

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

at som delaware gov/aut

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Authentication: 202579977

Date: 04-25-18