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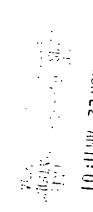
						
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JUN 25 26'''
J. HARRIE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 270965 4801595						
AUTHORIZATION: Spelle Res						
COST LIMIT : \$455.00						
ORDER DATE : June 22, 2018						
ORDER TIME : 10:05 AM						
ORDER NO. : 270965-005						
CUSTOMER NO: 4801595						
FOREIGN FILINGS						
NAME: HAVERSINE MANAGEMENT LLC						
XXXX QUALIFICATION (TYPE: LL)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Haversine Management (Name of Foreign	Limited Liability Company, must include "Limited	d Liabilit	Company," "L. L. C.," or "L.E.C.")	<u> </u>		
Ill name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	nda The a	ternate name must include "Lamited Liabi	lux Company," "L.I.	C, or TLC	٠,
2 Delaware		_				
(harisdiction under the law of which foreign limited hability company is organized)		3.	(FEI numbe	r, sf applicable)		
4	(Date first transacted business in Florida, if prior to	remstration				
	(See sections 605 0904 & 605 0905, F.S. to determine	ine penalty	liability)			
5. 2640 Golden Gate Part (Street Address of F	kway	6.	2640 Golden Gate Parkway			
(Street Address of F Suite 105	rincipal Office)		Suite 105	(4)	2018	
Naples, FL 34105			Naples, FL 34105	, p si	Ć.	**************************************
					122	Entre +
7. Name and <u>street address</u> of Florida registered agent: (P.O. Bo		NOT :	acceptable)	7		· ·
Name:	Corporation Service Company		 			
Office Address:	1201 Hays Street			F.	8: ₍₎	
	Tallahassee		, Florida <u>32301</u>	'U.S.		
8. The name, title or cap.	Corporation as registered agent Corporation Service Company By: (Registered agent's acity and address of the person(s) who had] as/have	authority to manage is/are:	y Croft President		
<u>Title or Capacity:</u> Member	Name and Address: Stan Vukmer	<u>.</u>	itle or Capacity:	Name and A	uaress:	
	2640 Golden Gate Pkwy Naples, Ft. 34105	 _ _				
Member	Halstatt Capital, LLC					
	2640 Golden Gate Pkwy Naples, FL 34105	 				
(Use attachments if neces	sary)					
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certifical ubmitted)	duly au ae is in :	thenticated by the official has a foreign language, a translati	ving custody o on of the certif	frecords leate und	in the der oath
10. This document is exec submitted in a document to	o the Departmento State opistitutes a th	nird deg), Florida Statutes. I am aware ree felony as provided for in s	that any false (.817.155, F.S.	informa	tion
	Joanna RI. Armald Ambarin at December					
	Joanne BL Arnold Authorized Person	y ()r=4e.+	nne af swire			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HAVERSINE MANAGEMENT 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-SECOND DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAVERSINE MANAGEMENT LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2018.

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

Authentication: 202937438

Date: 06-22-18

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