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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800) 906-9220 Fax Number : (800)906-9880

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

Email Address:

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#### Foreign Limited Liability Company OTF Management Holdings LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

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#### **COVER LETTER**

TO: Registration Section Division of Corporations

OTF Management Holdings 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...

ndence concerning this matter to the following. Please return all

er to the following.	
te Services Corp.	
Name of Person	
KSON STREET, SU	ITE 1
Firm/Company	
Address	
234	
City/State and Zip Code	<del>_</del>
om	
to be used for future annual report notification)	
call:	
at (800 ) 906-92	220
Area Cods Daytime T	elephone Number
STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	
	Address  Address  City/State and Zip Code  Om  In the used for future annual report notification)  at (800 Area Code Daytime T  STREET ADDRESS: Division of Corporations Registration Section Clifton Building

Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$130.00 Filing Pec & □ \$125.00 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:

OTF Management	Holdings LLC				
(Name of Foreign Li	mited Liability Company; must	include "Limited Liab	ility Company," 'L.L.C.	," or "LLC.")	_
(If name unavailable, enter alternat Liability Company," "L.L.C," or "I	e name adopted for the purpose	of transacting business	s in Florida. The alterna	te name must include "	Limited
<sub>2</sub> DELAWARE		3. N/A			7
(Jurisdiction under the law of wheel company is organized)	nich foreign limited liability		(FEI number, if ap	plicable	- C
4 UPON REGIST					(0)
	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to 0905, F.S. to determine	registration.) penalty liability)	20	9
5. 6000 BROKEN S	SOUND PWKY N	W STE 200,	BOCA RATO	N, FL 33487	, E
			·	7	
-	,	dress of Principal Offic	•		_
6. 6000 BROKEN S	OUND PWKY N	W STE 200,	BOCA RATO	N, FL 3348	<u>7</u>
<del></del>	{{	Mailing Address)		<del></del>	
7. The name, title or caps	acity and address of the	person(s) who ha	s/have authority to	manage is/are:	,
DAVID LONG, MEM	1BER, 25 JOHNSC	N AVENUE, I	RONKONKOM	IA, NY 11779	
JEROME KERN, ME	MBER, 25 JOHNS	ON AVENUE	, RONKONKO	MA, NY 117	79
8. Attached is an original chaving custody of records acceptable. If the certifical must be submitted)  (in accordance with section 605,0203, am aware that any false information su	In the jurisdiction under the is in a foreign languary Signature F.S., the execution of this document to the Department of the Department to the Department	of an authorized nument of State constitutes	h it is organized. ( of the certificate un person on under the penalties of po	A photocopy is not deroath of the transfer of	ot anslator herein are true, l
Ste	ven Weiss, Authorized Pe		<u> </u>		
	Typed or pr	inted name of sig	nee		

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Company is: nagement Holdings LLC	
If unavailable,	the alternate to be used in the state of Florida is:	· · · · · · · · ·
2. The name a	nd the Florida street address of the registered agent and office are:	<del></del>
	Registered Agent Solutions, Inc.	18 J
	(Name) 155 Office Plaza Dr., Suite A	E B
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

City/State/Zip

Steven Weiss, Assistant Secretary

Tallahassee

S 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

32301

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# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OTF MANAGEMENT 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 EIGHTEENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OTF MANAGEMENT HOLDINGS LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2016.

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

Authentication: 203083270

Date: 07-18-18