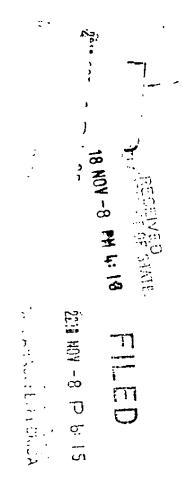
## M180000/0076

(Requestor's Name)				
(Address)				
(100,000)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600320490456



111911875

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 476692 4300043

AUTHORIZATION : Open Class

COST LIMIT : \$ 125.00

ORDER DATE: November 8, 2018

ORDER TIME : 1:01 PM

ORDER NO. : 476692-120

CUSTOMER NO: 4300043

## FOREIGN FILINGS

NAME: SETAI VENTURE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

IN COMPILANCE 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. SETAI VENTURE LL (Name of Foreign		nited Liability Company," "L.L.C.," or "LLC.")	<del></del>
(If name unavailable, enter atternate n	aine adopted for the purpose of transacting business in	Florida The alternate name must include "Limited Liabeli	ty Company," "L L.C," or "ELC ")
2 DELAWARE		_	
	nich foreign limited liability company is organized)	(FEI number,	if applicable)
4 Effective Upon Filing			
·	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	r to registration ) critisis penalty liability)	<del></del>
5 575 MADISON AVE	•	6. 575 MADISON AVE	
(Street Address of Principal Office)		(Mailing Addres	<u>s)</u>
10TH FLOOR		10TH FLOOR	_ : !
NEW YORK, NY 100	22	NEW YORK NY 10022	<del> · ;</del> <sup>7</sup>
7. Name and street address Name:	ss of Florida registered agent: (P.O. B Corporation Service Company	ox <u>NOT</u> acceptable)	; (
Office Address:	1201 Hays Street		1
Office Address.		22201	
	Tallahassee (City)	, Florida 32301 (Zip code)	<u>}</u>
to comply with the provis	ions of all statutes relative to the projes of my position as registered agent.  Corporation Semiger Company By:	e June Asst. 1	anthis capacity. I further agree uties, and fam familiar with anne Turner /ice President
	(Registered age	nt's signature)	1
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who Name and Address:	has/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
MANAGER	David C. Bloom		<u> </u>
	575 Madison Ave, 10th Flo New York, NY 10022	r	<u></u>
		<del></del>	<del></del>
		<del></del>	
(Use attachments if neces	ssary)		
	of which it is organized. (If the certification	ld, duly authenticated by the official havicate is in a foreign language, a translation	
		0203 (1) (b), Florida Statutes. I am aware a third degree felony as provided for in s	
	(_ Sign.	ature of an authorized person	
		David C. Bloom	

Typed or printed maine of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SETAI VENTURE 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 EIGHTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SETAI VENTURE LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2018.

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





7138439 8300

SR# 20187548149

Authentication: 203863521

Date: 11-08-18