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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195

REFERENCE : 664463 4303929

AUTHORIZATION : Smull Con

COST LIMIT : \$(125.00

ORDER DATE: March 4, 2019

ORDER TIME : 2:02 PM

ORDER NO. : 664463-010

CUSTOMER NO: 4303929

FOREIGN FILINGS

NAME: NDA-HH, 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

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate ru	une adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limite	d Liability Company," "L.L.C," or "LLC.")
Delaware		3.	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FE)	number, if applicable)
1	(Date first transacted business in Florida of prior to	registration)	
	(Date first transacted business in Flonda, if prior to (See sections 605,0904 & 605,0905, F.S. to determine		
5. 1825 Ponce de Leon B		6. 1825 Ponce de Leon B	(Address)
#504		#504	
Coral Gables, FL 33134		Coral Gables, FL 33134	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		2819
	Tallahassee	, Florida <u>32301</u>	
	(City)		p code)
nd accept the obligations	of my position as registered agent. Gran oration Service Compa	Roxan Asst. Vic	act in this capacity. I further agromy duties, and I am familiar with ine Turner we President
and accept the obligations 1 8. The name, title or capa	Grant and address of the person(s) who has	Roxan Asst. Vic	my duties, and I am familiar with ine Turner منابع المحافظة المحا
8. The name, title or capa	Gof my position as registered agent. (Registered agent's city and address of the person(s) who have a new and Address:	Asst. Vicesignature) as/have authority to manage is/ar Title or Capacity:	my duties, and I am familiar with nne Turner ce President re: Name and Address:
and accept the obligations 1 8. The name, title or capa	Gof my position as registered agent. (Registered agent's city and address of the person(s) who has Name and Address: Nick Arison	Roxan Asst. Vic	my duties, and I am familiar with ine Turner De President re: Name and Address: Dora Somma
B. The name, title or capa	Gof my position as registered agent. (Registered agent's city and address of the person(s) who have a new and Address:	Asst. Vicesignature) as/have authority to manage is/ar Title or Capacity:	my duties, and I am familiar with nne Turner ce President re: Name and Address:
B. The name, title or capa	city and address of the person(s) who has Name and Address: Nick Arison 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134 Richard Kohan	Asst. Vicesignature) as/have authority to manage is/ar Title or Capacity:	my duties, and I am familiar with one Turner ce President re: Name and Address: Dora Somma 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134 Norma Castillo
8. The name, title or capa Title or Capacity: Sole Member	Graphy position as registered agent. (Registered agent's city and address of the person(s) who has Name and Address: Nick Arison 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134	Asst. Vicesignature) as/have authority to manage is/ar Title or Capacity: VP/Treasurer	my duties, and I am familiar with time Turner De President re: Name and Address: Dora Somma 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134
8. The name, title or capa Title or Capacity: Sole Member MGR/President	(Registered agent's Corporation Service Comparation Service Compar	Asst. Vicesignature) as/have authority to manage is/ar Title or Capacity: VP/Treasurer	my duties, and I am familiar with time Turner ce President re: Name and Address: Dora Somma 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134 Norma Castillo 1825 Ponce de Leon Blvd, #504
8. The name, title or capa Title or Capacity: Sole Member MGR/President (Use attachments if necess	(Registered agent) (Regis	Roxan Asst. Vic signature) Is/have authority to manage is/as Title or Capacity: VP/Treasurer VP/Secretary	my duties, and I am familiar with time Turner to President re: Name and Address: Dora Somma 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134 Norma Castillo 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134
8. The name, title or capa Title or Capacity: Sole Member MGR/President (Use attachments if necess). Attached is a certificate urisdiction under the law of	Registered agent's (Registered agent's city and address of the person(s) who has Name and Address: Nick Arison 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134 Richard Kohan 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134 Richard Kohan 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134 Grand Gables, FL 33134 Richard Kohan 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134 Grand Gables, FL 33134 Richard Kohan 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134 Richard Kohan 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134 Richard Kohan 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134	Roxan Asst. Vic signature) Is/have authority to manage is/as Title or Capacity: VP/Treasurer VP/Secretary duly authenticated by the official	my duties, and I am familiar with time Turner to President re: Name and Address: Dora Somma 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134 Norma Castillo 1825 Ponce de Leon Blvd, #504 Coral Gables, FL 33134
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NDA-HH, 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 FOURTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NDA-HH, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2019.

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

Authentication: 202365480

Date: 03-04-19