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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION COST LIMIT : ORDER DATE: April 12, 2019 ORDER TIME : 2:31 PM ORDER NO. : 725785-080 CUSTOMER NO: 4301677 FOREIGN_FILINGS NAME: ENCORE MANAGEMENT GROUP OF FLORIDA LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

EXAMINER: ____

CONTACT PERSON: Lydia Cohen -- EXT# 62974

CORPORATION SERVICE COMPANY

COVER LETTER

TO:	Registration Section Division of Corporatio	ns						
SUBJE		nt Group of Florida LLC						
		Name of	Limited Liability	Company	_			
The en Exister	closed "Application by Fonce, and check are submitted	reign Limited Liability Comp ed to register the above refere	pany for Authoriz enced foreign lim	ation to Transact Business in Florida ited liability company to transact bus	," Certificate of iness in Florida.			
Please	return all correspondence	concerning this matter to the	following:					
	Bryan R. Jogg	erst, Esq.						
		N:	ame of Person		_			
	Morrison Cohe	en, LLP						
		Fi	rm/Company					
	909 3rd Avenu	e						
		Address						
	New York, Ne	New York, New York 10022						
		City/St	tate and Zip Code	· · · · · · · · · · · · · · · · · · ·	_			
	bjoggerst@mon	isoncohen.com						
		E-mail address: (to be used	for future annua	future annual report notification)				
For furt	ther information concerning	g this matter, please call:						
	Bryan R. Joggerst, Esq.		212 at (735-8656				
	Name o	of Contact Person	Area Code	Daytime Telephone Number	_			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	Enclosed is a check for the Please make check payable.	he following amount: ble to: FLORIDA DEPART	MENT OF STA	TE				
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of State	5 155.00	_	; Fee, Certificate rtified Copy			

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 ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	t Group of Florida LLC			
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability Com	pany," "L L C ," or "LLC ")	
f name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flor	nda The alternate	name must include "Limited Liability Comp	sany," "L L, C," or "LL.C,")
Delaware 		2		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applie	rable)
·				
	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605,0905, F.S. to determine	egistration) ne penalty flability)	
90 East Ave			East Ave	
(Street Address of F	rincipal Office)	6	(Mailing Address)	-
Saratoga Springs, N	Y 12866	Sara	atoga Springs, NY 12866	
				- 19 A
				PR
. Name and street addres Name:	s of Florida registered agent: (P.O. Box Corporation Service Company	NOT_accept	table)	17 M 6: 53
Office Address:	1201 Hays Street		-	DA S
	Tallahassee		32301 , Florida	
	(City)		(Zip code)	
designated in this applicated comply with the provision	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper to to f my position as registered agent.	registered a	gent and agree to act in this c	apacity. I further agre
and accept the obligations	of my position as registered agent. Corporation Service Company By: (Registered agent's si			munce of my unites, u



Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address	
Manager	Name: Ted Sprinkle,	Manager	Name: Tim O'Connor, Address: 90 East Ave Saratoga Springs, NY 12866	
Member	Address: 90 East Ave	☐ Member		
Authorized	Saratoga Springs, NY 12866	Authorized		
Person		Person		
Other	Other	Other CFO	Other	
]Manager	Name: Lance Sprinkle		Name: Francis R. Her III	
]Member	Address: 90 East Ave	Member	Address: 90 East Ave	
]Authorized	Saratoga Springs, NY 12866	Authorized	Saratoga Springs, NY 12866	
Person		Person		
Other COO	Other	Other VICE PRES	DENT Other	
Manager	Name: Jon Canarick	☐ Manager	Name: David Weston	
Member	Address: 183 East Putnam Avenue	☐ Member ☐ Authorized	Address: 183 East Putnam Avenu	
Authorized	Greenwich, CT 06830		Greenwich, CT 06830	
Person		Person		
VICE PRE Other	ESIDENT Other	Other VICE PR	ESIDENT Other	

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Ted Sprinkle, Chief Executive Officer

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ENCORE MANAGEMENT GROUP OF FLORIDA

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 FIFTEENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENCORE MANAGEMENT GROUP OF FLORIDA LLC" WAS FORMED ON THE FIFTEENTH DAY OF APRIL, A.D. 2019.

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

19 APR 17 AM 6: 43
SENAL CHARGE FLORING
TALL LINESSEE FLORING



Authentication: 202643793

Date: 04-15-19

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SR# 20192834327