Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone ; (845)425-0077 Fax Number : (845)818-3588

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

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## Foreign Limited Liability Company YS REL II LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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P.002/003

## 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: 1. YS REL II LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L C.," or "LLC.") (if name unavailable, once alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "United Liability Company," "L L C," or "LLC") 2. Delaware (Jurisdiction under the law of which foreign limited hability company is organized) (FEI manber, if applicable) 5. 597 5th Avenue, 6th Floor 6. 597 5th Avenue, 6th Floor (Street Address of Principal Office) (Mailine Address) New York, NY 10017 New York, NY 10017 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Veorp Services, LLC Name: 5011 South State Road 7, Suite 106 Office Address: , Florida \_33314 Davic Registered agent's acceptance: Having been named as registered agent and to accept sepAce of process for the above stated limited liability company at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: YieldStreet Management, LLC Manager 597 5th Avenue, 6th Floor Y ork (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) . . . 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

Typed or printed name of signed

Milind Mehere

07/01/2019 15:39 (FAX)845 818 3588 P.003/003



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

DELAWARE, DO HEREBY CERTIFY "YS REL II 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-SIXTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "YS REL II LLC"
WAS FORMED ON THE FOURTEENTH DAY OF MAY, A.D. 2019.

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

Authentication: 203104695

Date: 06-26-19