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Registration Section

TO:

Divi	sion of Corporations									
SUBJECT:	Pendragon Agency LLC				_					
Name of Limited Liability Company										
The enclosed Existence, and	"Application by Foreign deheck are submitted to r	Limited Liability Compa	ny for Authoriza ced foreign timi	ntion to Transact Business in Florida, ted liability company to transact busi	" Certificat ness in Flo	e of rida.				
Please return	all correspondence conce	rning this matter to the fo	ollowing:							
	Katie Lenguadoro									
	Name of Person									
	Westmont Associates, Inc.									
		Name of Limited Liability Company reign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of ed to register the above referenced foreign limited liability company to transact business in Florida. concerning this matter to the following: loro Name of Person sociates, Inc. Firm/Company Pike East, Suite 200 Address U 08003 City/State and Zip Code Gironshore.com E-mail address: (to be used for future annual report notification) ng this matter, please call: STREET ADDRESS: Division of Corporations STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 the following amount: the following amount:								
	1763 Marlton Pike East, Suite 200									
		Address								
	Cherry Hill, NJ 080	Cherry Hill, NJ 08003								
		City/State and Zip Code								
	Pepe.Marquez@irons	hore.com								
	E-r	nail address: (to be used	for future annua	report notification)	201					
For further in	formation concerning this	matter, please call:		·	3W 6					
Katie Lenguadoro			216-0220	i6 22	427 1					
	Name of Co	ntact Person		Daytime Telephone Number		:1				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Corporations Registration Section Clifton Building	ယ္	3					
Encl Plea	losed is a check for the fo se make check payable to	: FLORIDA DEPARTI	\$ 155.00	Tallahassee, FL 32301						

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

IN COMPLENCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LABILITY COMPLINY TOTA (NSACT BUSINESS IN THE STATE OF FLORIDA).

Pendragon Agency LLC								
(Name of Foreign L	imited Ciability Company, must include Limite	rd Liability	Company, "L.L.C.;"	or 'LLC')				
name unavailable, emer alternate nat	ne adupted for the purpose of transacting husiness in Fle	nda The ol	ternate name must mehale	*Limited Liability Con	որոտ, "ԼԼԸ	or "LLC ";		
Delaware (Jurnsheisen under the law of which foreign limited liability company is organized)			84-1893983 3.					
			(FEI number al applicable)					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	ne penaky) liability)					
1001 Brickell Bay Drive, Suite 2208			1001 Brickell Bay	y Drive, Suite 21	208			
(Street Address of Pri	negal Office)	ъ.	(Mailing Address)					
Miami, Florida, 33131		Miami, Florida, 33131						
	 							
	 					20/19		
Name and street address	of Florida registered agent: (P.O. Box	NOT a	cceptable)			20119 AUG		
						§ 22		
Name:	Corporation Service Com	pany			,	2 PH		
Office Address:	1201 Hays Street				÷.	بب		
ottiee rediteds.					7-7	8		
	Tallahassee		, Florida	32301				
	(Cny)			(Zip code)				

Registered agent's acceptance:

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 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.

Parid Kurbini Parid Kurbini Assistant Secretary
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: ____ Limiothy Anthony Brian Harvey Glover Manager Manager Manager 1001 Brickell Bay Drive, Some 2208 Member ☐ Member Miami, Florida, 33131 Miami, Florida, 33131 Authorized Authorized Person Person Director Director Other Other Other Name: David White Name: Dinitriy Smolyar Manager Manager 1001 Brickell Bay Drive, Suite 2208 1001 Brickell Bay Drive, Suite 2208 ■Member Address: ☐ Member Address: Miami, Florida, 33131 Miami, Florida, 33131 Authorized Authorized Person Person Director & President Director Other Other___ Other Other_ Ironshore, Inc. (Caymen Islands) Manager Manager 🔲 Address: ____ Member Member HM19, Bermuda Authorized Authorized registered number 40494 Person Person JI Other Other_ Other_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Jose Marquez Gonzalez De Gregorio

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PENDRAGON AGENCY 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 SIXTEENTH DAY OF AUGUST, A.D. 2019.

Authentication: 203426388

Date: 08-16-19