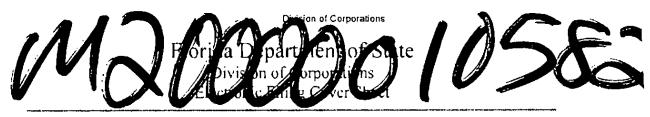
11/18/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

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 ID FUNDS II LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Help



To: 18506176383

V

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

IN COMPLIANCE WITH SECTION 6050002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FORFIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ID FUNDS II LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.) (Hi name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Laibhity Company," "L.L.C." or "L.L.C." Delaware (Jurisdiction under the lass of which foreign limited liability company is organized) (Fl.1 number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0901 & 605 0905, F.S. to determine penalty liability.) c/o ID Funds Advisor LLC c/o ID Funds Advisor LLC 5. (Street Address of Principal Office) (Mailing Address) 751 Park of Commerce Drive 751 Park of Commerce Drive Boca Raton, Florida 33487 Boca Raton, Florida 33487 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 SOUTH PINE ISLAND ROAD Office Address: PLANTATION FL , Florida

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.

Kathryn A. Widdoes

(Registered agent's signature) Assistant Secretary

8.	For initial indexing purposes,	list names,	title or capacity	and addresses o	f the primary	members/manage	rs or persons a	authorized to
ma	nage [up to six (6) total]:							

Title or Capacity:	Name and Address:	Title or Conscity:		Name and Address:
■Manager	Name: LDF Special Managing Partner, LLC	□Manager	Name:	
⊡Member	Address: 751 Park of Commerce Drive	□Member	Address:	
□Authorized	Boca Raton	☐ Authorized		
Person	Florida 33487	Person		
□Other	Cther	Other		Other
□Manager	Name: Dermot Bolger	□ Manager	Name:	
□Member	Address: 751 Park of Commerce Drive	□ Member	Address:	
■ Authorized	Boca Raton	□ Authorized		
Person	Florida 33487	Person		
□Other		Other		□Other
□Manager	Name:	□Manager	Name:	29 20 7
□Member	Address:	□Member	Address:	<u> </u>
□Authorized		☐ Authorized		æ
Person		Person		2:
□Other	⊡Other	□Other		

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Replot Balan	
	Signature of an authorized person
Dermot Bolger	
	Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ID FUNDS 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2020.

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

7070F 10 1 1 2:44

e at corp delaware gov/authy

3981856 8300 SR# 20208436734

Date: 11-18-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204111065