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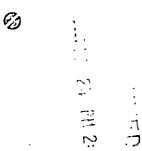
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-JP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 |
|---|
| REFERENCE : 729232 5061889 |
| AUTHORIZATION CONCLUDED |
| COST LIMIT : \$ 125.00 |
| ORDER DATE: March 24, 2021 |
| ORDER TIME : 12:57 PM |
| ORDER NO. : 729232-015 |
| CUSTOMER NO: 5061889 |
| FOREIGN FILINGS |
| NAME: CAROLINE PARKER CONSULTING LLC |
| XXXX QUALIFICATION (TYPE: <u>LL</u>) |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Eyliena Baker EXT# 61594 |

EXAMINER:

COVER LETTER

TO:

| ECT: | Caroline Parker Consulting LLC | | | | | | |
|--|--|--|--|--|--|--|--|
| | Name of Limited Liability Company | | | | | | |
| | | Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida | | | | | |
| return | all correspondence concerning this matter t | to the following: | | | | | |
| | Ashley Nam | | | | | | |
| | | Name of Person | | | | | |
| | Wollmuth Maher & Deustch LLP | | | | | | |
| | | Firm/Company | | | | | |
| | 500 5th Ave. | | | | | | |
| | | Address | | | | | |
| | New York, NY 10110 | | | | | | |
| City/State and Zip Code | | | | | | | |
| | anam@wmd-law.com | | | | | | |
| | E-mail address: (to be | e used for future annual report notification) | | | | | |
| rther in | nformation concerning this matter, please ca | A1: | | | | | |
| Ash | nley Nam | 212 382 3300 | | | | | |
| | Name of Contact Person | at () Area Code Daytime Telephone Number | | | | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | |
| Plea | losed is a check for the following amount: use make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe | re & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate | | | | | |

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| name unavailable, enter alternate | name adopted for the purpose of transacting business in F | florida The alterna | ate name must include "Limited Liability (| 'ompany," "L.L.C," or "LLC.") | | | | |
|--|---|--|--|-------------------------------|--|--|--|--|
| Delaware | | 86-2596453 3 | | | | | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | | (FEI number, if applicable) | | | | | |
| | | | | | | | | |
| | (Date first transacted business in Flonda, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | registration.) nine penalty liabili | ý) | | | | | |
| 1112 Park Avenue, | Apt 6A | 111 | 2 Park Avenue, Apt 6A | | | | | |
| reet Address of Principal Office) | | 0 | (Mailing Address) | | | | | |
| | | New York, NY 10128 | | | | | | |
| New York, NY 1012 | | | | | | | | |
| Name and street addre | ss of Florida registered agent: (P.O. Box | | | 202 SEC | | | | |
| | ss of Florida registered agent: (P.O. Box | | | SECRET | | | | |
| Name and street addre | ss of Florida registered agent: (P.O. Box | | | SECRETARY | | | | |
| Name and street addre | ss of Florida registered agent: (P.O. Box Corporation Service Company | | otable) | SECRETARY OF STALLAHASSEE | | | | |
| Name and street addre | ss of Florida registered agent: (P.O. Box Corporation Service Company 1201 Hays Street | | otable) | SECRETARY OF STA | | | | |

(Registered agent's signature)

| Title or Capacity: | Manager Name: Caroline Nype | | Title or Capacity: | | Name and Address: | |
|---|--|--|--|---|--|--|
| □Manager | | | □Manager | Name:Address: | | |
| ■ Member | Address: 1112 Pa | □Member | | | | |
| □Authorized | New York, NY 10128 | | □Authorized | | | |
| Person | | | Person | | | |
| □Other | Other | | □Other | | □Other | |
| □Manager | Name: | | □Manager | Name: | | |
| □Member | Address: | | □Member | Address: | | |
| □Authorized | | | □Authorized | <u></u> | | |
| Person | | | Person | | | |
| □Other | | other | □Other | | □Other | |
| □Manager | Name: | | □Manager | Name: | <u> </u> | |
| □Member | Address: | | □Member | Address: | | |
| □Authorized | | | □Authorized | | | |
| Person | | | Person | | · · · · · · · · · · · · · · · · · · · | |
| □Other | | ther | □Other | · . | □Other | |
| ndexed individuals and acception of the control of | may be added to the ficate of existence, it law of which it is on the submitted) executed in accord | index when filing your F no more than 90 days old, organized. (If the certification ance with section 605.020) | lorida Department of State duly authenticated by the te is in a foreign language | e Annual Rep official havi , a translatio | ing custody of records in the norther of the certificate under other that any false information. | |

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 "CAROLINE PARKER CONSULTING 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-FOURTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAROLINE PARKER CONSULTING LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 2021.

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

Authentication: 202807937

Date: 03-24-21