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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
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Fax Number : (718)889-7420

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2020 JUN -2 AM 9:12

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

Email Address: _____

**Foreign Limited Liability Company
OPTIMUM USA INVESTMENT 6 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2020 JUN -2 AM 9:12

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Optimum USA Investment 6 LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized); 3. (FEI number, if applicable)

4. Upon filing (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o Funaro & Co., P.C. (Street Address of Principal Office)

6. c/o Funaro & Co., P.C. (Mailing Address)

350 Fifth Avenue, 41st Floor

350 Fifth Avenue, 41st Floor

New York, NY 10118

New York, NY 10118

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Rodolfo Misitano

Office Address: 846 Lincoln Road, 5th Floor

Miami, Florida 33139 (City) (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.

[Handwritten signature]

(Registered agent's signature)

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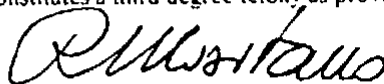
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Rodolfo Misitano</u>	<input type="checkbox"/> Manager	Name: <u>Matthew Barry</u>
<input type="checkbox"/> Member	Address: <u>c/o Funaro & Co., P.C.</u>	<input type="checkbox"/> Member	Address: <u>c/o Funaro & Co., P.C.</u>
<input checked="" type="checkbox"/> Authorized Person	<u>350 Fifth Avenue, 41st Floor</u> <u>New York, NY 10118</u>	<input checked="" type="checkbox"/> Authorized Person	<u>350 Fifth Avenue, 41st Floor</u> <u>New York, NY 10118</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>OAM Portfolio Investment USA LLC</u>	<input type="checkbox"/> Manager	Name: <u>Optimum Evolution Fund SIF, USA Property I</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o Funaro & Co., P.C.</u>	<input checked="" type="checkbox"/> Member	Address: <u>13 Rue Edward Steichen</u>
<input type="checkbox"/> Authorized Person	<u>350 Fifth Avenue, 41st Floor</u> <u>New York, NY 10118</u>	<input type="checkbox"/> Authorized Person	<u>Luxembourg L-2540</u> <u>Luxembourg</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



Signature of an authorized person

Rodolfo Misitano

Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTIMUM USA INVESTMENT 6 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 MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPTIMUM USA INVESTMENT 6 LLC" WAS FORMED ON THE ELEVENTH DAY OF AUGUST, A.D. 2014.

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

5583917 8300

SR# 20204633927

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

Authentication: 202991944

Date: 05-26-20