

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

18 APR 25 AM 2:03

1052

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08-2692

1. Limited Liability Company's Name
Legg Mason Investor Services, LLC

100312583291

2. Principal Office Address - No P.O. Box #
100 International Drive

Suite, Apt. #, etc.

City & State
Baltimore, Maryland

Zip Country
21202 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

CR2E041 (1/14)

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
13-4146187

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable), Suite,
1201 Hays Street

Apt. #, Etc.

City State Zip Code
Tallahassee FL 32301

9. I am being appointed the registered agent of the above named limited liability company, its franchisee, and accept the obligations of Chapter 605, F.S.

By: Corporation Service Company Emily Croft

Signature of Registered Agent Emily Croft Asst. Vice President Date 04/25/2018

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City/State/Zip
manager	Frances Cashman	100 International Drive	Baltimore, MD 21202
manager	Jeffrey Mason	100 International Drive	Baltimore, MD 21202

11. E-mail Address hcgifford@leggmason.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that 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 authorized representative/member Vicki Schmelzer Date _____ Daytime Phone # 410-454-5981

Typed or printed name of signing authorized representative/member VICKI SCHMELZER, SECRETARY

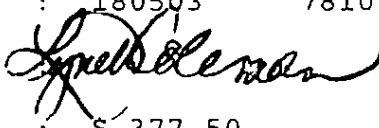
2051

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 180503 7810709

AUTHORIZATION



COST LIMIT : \$ 377.50

ORDER DATE : April 25, 2018

ORDER TIME : 11:50 AM

ORDER NO. : 180503-005

CUSTOMER NO: 7810709

REINSTATEMENT

NAME: LEGG MASON INVESTOR SERVICES,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS _____