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JAN 1. PARRIS

COVER LETTER

65 SUBJECT:	28 Baronne, LLC				
ODJECI; _		Name of	Limited Liability	Company	
					ansact Business in Florida," Certifica y company to transact business in Flo
ease return al	l correspondence of	concerning this matter to the	e following:		
	Ellen Daigle				
			Name of Person		
	628 Baronne, L	LC			
		I	Firm/Company		····
	3401 West Cyp	oress St, Suite 201			
			Address		
	Tampa, FL 336	07			
		City/	State and Zip Code	•••	
	ellen.daigle@env	virocap.com			
		E-mail address: (to be use	ed for future annual	report not	tification)
or further info	rmation concernin	g this matter, please call:			
Ellen	Daigle		813 at (341-36	50, 112
	Name o	f Contact Person	Area Code		ytime Telephone Number
Division Regist P.O. B	on of Corporations ration Section sox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	F ADDRESS: of Corporations ion Section Building ecutive Center Circle see, FL 32301
	heck for the follow 25.00 Filing Fee	ring amount: \$\Bigsim \text{\$\frac{1}{2}\$}\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filii Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

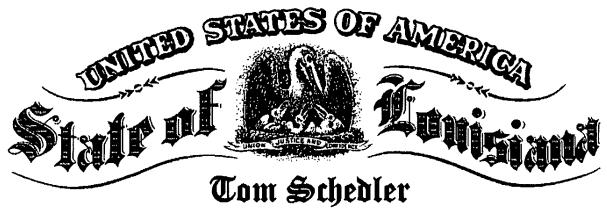
IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

iability Company," "L.L.C,	ternate name adopted for the purpose of transacting ' or "LLC.")	business in Florida. The alternate nan	ne must include "l	Limited
Louisiana	3 29-096	54821		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable))	
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.) etermine penalty liability)		
802 St Charles Avenue			_	
New Orleans, LA 7013	0		1,20	
	(Street Address of Principal Office)		2016.	- J.
3401 West Cypress St,	Suite 201			E.Kitringer- v
Tampa, FL 33607			জি জ	Medical and in
	(Mailing Address)		The state of the s	fig. 1) Spin also :
Name and street addres	s of Florida registered agent: (P.O. Box NOT	acceptable)		:
Name:	Ellen Daigle	······		
	3401 West Cypress St, Suite 201	<u></u>	7:	
Office Address:				
	Tampa, FL	, Florida 33607	_	
egistered agent's accept	(City)	(Zip code)		
esignated in this applicat	gistered agent and to accept service of process tion, I hereby accept the appointment as regist ons of all statutes relative to the proper and co my position as registered agent.	tered agent and agree to act in th mplete performance of my duties	is capacity. I fu	rther ag
ccept the obligations of n	(Registered agent's signated and address of the person(s) who has/have			
. The name, title or capa	city and address of the person(s) who has/have			
. The name, title or capa teven G. Anderson, Men	city and address of the person(s) who has/have			

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.

Steven G. Anderson

Typed or printed name of signee



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

628 BARONNE, LLC

A limited liability company domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on September 16, 2009,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Balon Rouge on,

January 9, 2016

Certificate ID: 10669790#6QWA4

To validate this certificate, visit the following web site, go to Business Services, Search for Louislana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State
Web 40009566K