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Foreign Limited Liability Company
CYBER RISK MANAGEMENT, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 19 2016

S. YOUNG

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. CYBER RISK MANAGEMENT, 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. 46.2641539 (FEI number, if applicable)

4. 1/1/15 (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 201 E. KENNEDY BLVD., SUITE 1750 TAMPA, FL 33602 (Street Address of Principal Office)

6. 201 E. KENNEDY BLVD., SUITE 1750 TAMPA, FL 33602 (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Capitol Corporate Services, Inc. Office Address: 155 Office Plaza Dr Ste A Tallahassee, Florida 32301 (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.

(Registered agent's signature) Krista All, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: MANAGERS: YONG-GON CHON, BRIAN ALLINGHAM, MILES COOK, BRUCE EATROFF, BRIAN MARLIER, TOM SCHAUERMAN, and JOEL SCHLEICHER. CFO: CHRIS THOMLEY.

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)

(Signature of an authorized person)

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.

CHRIS THOMLEY, CFO (Typed or printed name of signer)

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 16 MAY 18 AM 10:00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYBER RISK MANAGEMENT, 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 EIGHTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CYBER RISK MANAGEMENT, LLC" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D. 2013.

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

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JWB
Jeffrey W. Bullock, Secretary of State

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