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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

Phone : (800)345-4647

Fax Number

: (800) 432-3622

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

Email Address:

BSTENSRUD@SUNTEX.COM

Foreign Limited Liability Company JUPITER SMI OPCO, LLC

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COVER LETTER

TO:	Registration Section Division of Corporation	ns ·			
SUBJE	CT: <u>JUPITER SMI</u>		Limited Liability Company		 -
The end Existend	losed "Application by Force, and check are submitted	reign Limited Llability Com d to register the above refer	pany for Authorization to Tr enced foreign limited liabilit	ansact Business in Flor y company to transact l	ida," Certificate o business in Florid
Please r	eturn all correspondence	concerning this matter to the	following:		
	CHRISTIN	A T. RODRIGUEZ	***************************************		
		N	ame of Person		
	HAVNES A	AND BOONE, LLP	ψ.		
			irm/Company		
	2323 VICT	ORY AVENUE, SUITE	700	TALL	2017
	TAITACT	EXAS 75219	Address	AHASS	
		Clty/S	itate and Zip Code	10 (c)	
	<u>BSTENSRU</u>	D@SUNTEX.COM	d for future annual report no	C) :-	
For furt	her information concernin	-	o for infine animal tebost no	ification)	<u></u>
	BRUCKER S	TENSRUD	at (972) 78	9.1400	
		f Contact Person	01 (dime Telephone Numb	er
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations lon Section wilding ocutive Center Circle see, FL 32301	
Enclose	d is a check for the follow S125.00 Filing Fee	ing amount: \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	☑ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fe of Status & Certified	

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

IN COMPLIANCE WITH S COMPANY TO TRANSAC	SECTION 603.0902, FLORIDA STATUTISS, THIS FOLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABUT. PEUSNESS IN THE STATE OF FLORIDA:
t. TUPITER SMI C	PECO, LLC
(Numb of I	oreign Limited Liability Company; must biolude "Limited Liability Company," "L.L.C.," or "LLC.")
(If hame unavailable, onto Liability Company," "L.L.	Religionate name adopted for the purpose of transacting business in Florida, The alternate name must include "Limited C," or "LLC.")
2. DBLAWARE	3.
combank is atfauracq	aw of which foreign limited liability (PBI member, if applicable)
4.	(Date first transpoled business in Florids, if prior to segistration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
17990 PRESTOR	NROAD, SUITB 220A
3. <u>17755</u> 1 1101 01	TACAD OUT BEOM
DALLAS, TEXA	.S 75252 (Street Address of Principal Office)
ለ 17330 PRRSTY)ነ	VI AVIII AVI
DALLAS, TEXA	(Mailting Address)
5 Name and street adde	pag of Plorida registered agent: (P.O. Box NOT acceptable)
Name:	CORPORATION SERVICE COMPANY
Office Address	1201 HAYS STREET
	TALLAHASSBE , Plorida 32301
designated in this applicate complywith the provin	(City) (Zip code) inclinate: registered agent and to accept service of process for the above stated limited liability company at the place within, I hereby accept the appointment as registered agent and agree to not in this capacity. I further agree stone of all statutes relative to the proper and complete performance of my duttes, and I am familiar with at my position as registered agent.
,	Milliona G. Kopiatored agent's algorithm Assist VI
8. The name, title or our	moly and address of the person(s) who has/have authority to manage la/are:
IOHN D. POWERS	TR., PRESIDENT, 17330 PRESTON ROAD, SUITE 220A, DALLAS, TEXAS 75252
BRYAN C. REDMO	ND, VP/SECRETARY, 17330 PRESTON ROAD, SUITE 220A, DALLAS, TEXAS 75252
9. Attached is a certificate jurisdiction under the law of the translator must be a	s of existence, no more than 90 days old, duly authenticated by the official having custody of records in the of which it is organized. (If the cartificate is in a foreign language, a translation of the certificate under cath submitted) Signature of all authorized person
This document is executed authoritied in a document to	d in aspordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information of the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.
•	BRYAN C. REDMOND, VICE PRESIDENT
	Typed or printed name of signes:

<u>Delaware</u>

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JUPITER SMI OPCO, 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 THIRTEENTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JUPITER SMI OPCO, LLC" WAS FORMED ON THE EIGHTH DAY OF MARCH, A.D. 2017.

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

.

6341471 8300 SR# 20171744126

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

Jailley W Withork, Bearing of Bishe

Authentication: 202188770

Date: 03-13-17