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SUBJECT: HRC-SVL, LLC				
Name of L	imited Liability	Company		
The enclosed "Application by Foreign Limited Liability Compa Existence, and check are submitted to register the above referen				
Please return all correspondence concerning this matter to the f	ollowing:			
Elisha Lester				
Na	me of Person			
HRC-SVL, LLC				
Fir	m/Company	•		
7760 Office Plaza D	rive Sou	uth		
	Address			
West Des Moines, IA	A 50266			
	ate and Zip Code			
hr.compliance@aure	on.com			
E-mail address: (to be used	for future annua	report notification)		~ 7
For further information concerning this matter, please call:			<u>21.</u>	짜 프
Elisha Lester	_{at (} 515	334-6150)
Name of Contact Person	Area Code	Daytime Telephone N	Sumber	<u>-</u>
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir	:	는 18 3년 19 3년

☐ \$155.00 Filing Fee & Certified Copy

Certificate of Status

☐ \$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: HRC-SVL, 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.") Colorado 841565287 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 11/08/2000 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 4600 South Ulster Street, Suite 1400 7760 Office Plaza Drive South (Street Address of Principal Office) (Mailing Address) Denver, CO 80237 West Des Moines, IA 500266 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee ____, Florida ___32301 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, 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Capacity: President Joel Duncan 7750 Office Plaza Drive South Wall Des Moines, (A 50268 Secretary/Treasurer Melissa Ness 7760 Office Plaza Dove South West Des Momes, IA 50266 CO (Use attachments if necessary) 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

Melissa Ness
Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

HRC-SVL, LLC

is a

Limited Liability Company

formed or registered on 11/08/2000 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20001218033.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/21/2017 that have been posted, and by documents delivered to this office electronically through 09/26/2017 @ 09:20:31.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/26/2017 @ 09:20:31 in accordance with applicable law. This certificate is assigned Confirmation Number 10465702



Secretary of State of the State of Colorado

****************End of Certificate************************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information visit our Web site, http://www.sos.state.co.us/click"Businesses, trademarks, trade names" and select "Frequently Asked Questions."