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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:

	name adopted for the purpose of transacting business in F	orida. The alternate name must	include "Limited Liability C	company," "L.L.C." or "L	.LC.")	
Delawar e		82-4313469 3.				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number, if a	pphcable)	_	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) nine penalty liability)		_		
4700 Wilshire Blvd.		4700 Wilshi 6.	re Blvd.			
(Street Address of Principal Office)		·	(Mailing Address)		_	
Los Angeles, CA 90010		Los Angeles	, CA 90010			
Nome	Paracorp Incorporated			20 AR		
Name:				FLOR		
Office Address:	155 Office Plaza Drive, 1st Floor			- 종일 5		
	Tallahassee, FL (City)	. Flori	32301	20 A COL		

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: CIM Group, LLC Manager Manager Manager Name: _____ 4700 Wilshire Blvd. Member Address: Address: _____ Los Angeles, CA 90010 Authorized ☐ Authorized Person Person Other Other____ Other Other Manager Name: _____ ☐ Manager Name: _____ Member Address: ☐ Member Address: Authorized Authorized Person Person Other Other Other Other___ Manager Name: _____ Manager Manager Name: _ Member Address: ____ ☐ Member Address: Authorized Authorized Person Person Other_ N Other Other \square Other $_$ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 Jordan Dembo, Vice President and Secretary Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 02/19/2019

ENTITY NAME: CCO Group, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CCO GROUP, 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 NINETEENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CCO GROUP, LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2018.

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

Authentication: 202286660

Date: 02-19-19