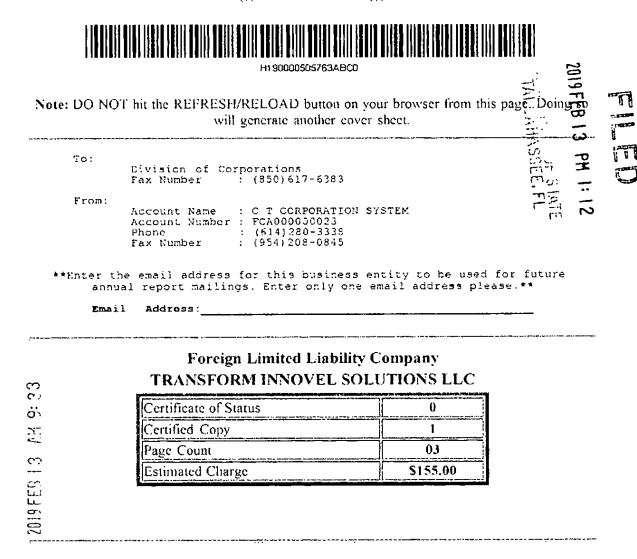
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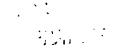
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Electronic Filing Menu Corporate Filing Menu

Help



A	1.	KEUKIDA					
	CTION 605.0902, FLORIDA STATUTES, TE USINESS IN THE STATE OF FLORIDA:	HE FOLLOWIN	G IS SUBMITT	TED TO REGISTER A	FOREIGN LIMI	MED LIA	4BILTY
Transform Innove							
(Name of Foreign	Limited Liability Company; must include "L	imited Liability	Company,""L.	L.C.," or "LLC.")			
/If rame united the enter alternate t	name adopted for the purpose of transacting business	in Florida The also	mate as ma a unit i	noture "I buised I lebelity C	amaran ""[[/] " o		
2 Delaware	manage arready, one tree, said from home or tree street or treet reads		(illem thems, mark t	zonge gamed zaoany e	angen, nac, o	, 500.	
	buch foreign limited liability company is organized)	3		(FEI number, 174	pplicable)		
4. Upon Qualification							
	(Date first transacted business in Florida, if pr (See sections 605,0904 & 605,0905, F.S. to d	iar to registration.) etermine penulty li	bility)				
5. 1170 Kane Concourse, Suite 200 (Street Address of Principal Office)		6	Same		• •	20	
Bay Harbor Islands, FL 33154				(Mailing Address)] 	e=====
		-				8	To J
		-				$\overline{\omega}$	100
7. Name and street addres	ss of Florida registered agent: (P.O.	Box NOT no	ceptable)		65. 65.		,777
Name:	C T Corporation System				mini mini	PH	المسط
	1200 South Pine Island Road				THE STATE OF THE S		
Office Address:	1200 South File Island Road	•			E (1)	2	
	Plantation		, Florie	da 33324	_		
Registered agent's accep	(Chy)			(Zip code)			
	gistered agent and to accept service						
to comply with the provisi	tion, I hereby accept the appointme ions of all statutes relative to the pro	nt as register oper and com	ea agent and plete perfori	r agree to act in in mance of my dutie.	is capacity. 1) s, and I am fai	urmer miliar s	agree vith
	s of my position as registered agent.						
	By: C T Corporation System	Mus	1 cfr		l Youna		
	(Registered ag	ont's signification)		Assistan	t Secre	tary	4
	acity and address of the person(s) wh						
Title or Capacity:	Name and Address;	Titl	e or Capaci	ty: <u>N</u> r	ame and Addr	<u>ess;</u>	
MEMBER	TRANSFORM SR LLC 1170 Kane Concourse, Su	ite 200					
	Bay Harbor Islands, FL 3.	<u> </u>					
							
(Use attachments if necess	sary)						
9. Attached is a certificate	of existence, no more than 90 days of	ild, duly auth	enticated by	the official having	custody of reco	ords in	the
jurisdiction under the law of	of which it is organized. (If the certif						
of the translator must be su	•		a /1				
10. This document is execu	ated in accordance with section 605.0	203 (1) (ь), ј	Horida Statu	tes. I am aware that	t any false infor	mation	
submitted in a document to	the Department of State constitutes a	a unita degree	Leibky Ve br	ovided for in 8.81/	.133, F.S.		
	Sim	ature of an europe	ed person		-		

Jennifer Kurz

Typed or printed amno of three

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TRANSFORM INNOVEL SOLUTIONS 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 FOURTH DAY OF FEBRUARY, A.D. 2019.

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

7249880 8300
SR# 20190715071
You may verify this certificate online at corp delaware.gov/authver.shtml

Authentication: 202196934

Date: 02-04-19