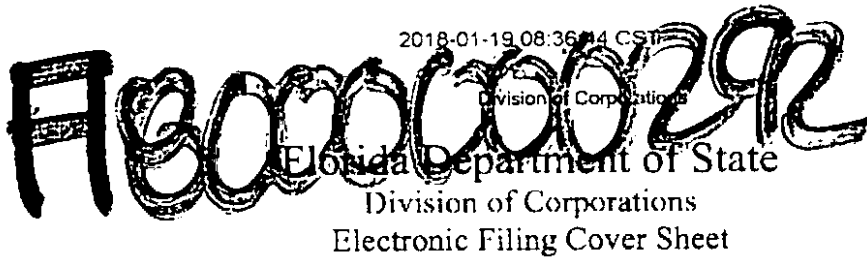


1/19/2018



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.

(((H18000023042 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
LINQUEST CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

RECEIVED

JAN 19 2018

Electronic Filing Menu

Corporate Filing Menu

Help

D SCOTT

JAN 19 2018

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. LinQuest Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 57-1192153
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/13/2003 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5140 West Goldleaf Circle, Suite 400, Los Angeles, CA 90056
(Principal office address)
same
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

C T Corporation System

By: _____

(Registered agent's signature)

Cristie Myers, Assistant Secretary

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORSChairman: see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: see attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Denise Bell, Secretary

(Typed or printed name and capacity of person signing application)

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2018 JAN 19 A 8:54
TALLAHASSEE, FLORIDA

Officers and Directors Attachment

Leon Biederman	Officer	CEO / President	5140 West Goldleaf Circle, Suite 400 Los Angeles, CA 90056
Matthew Lyons	Officer	CFO / Treasurer	5140 West Goldleaf Circle, Suite 400 Los Angeles, CA 90056
Scott Stowe	Officer	Vice President	5140 West Goldleaf Circle, Suite 400 Los Angeles, CA 90056
Peter Tirannanzi	Officer	Director of Contracts	5140 West Goldleaf Circle, Suite 400 Los Angeles, CA 90056
Leon Biederman	Director	Director	5140 West Goldleaf Circle, Suite 400 Los Angeles, CA 90056
Matthew Lyons	Director	Director	5140 West Goldleaf Circle, Suite 400 Los Angeles, CA 90056
Scott Stowe	Director	Director	5140 West Goldleaf Circle, Suite 400 Los Angeles, CA 90056

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2018 JAN 19 A 8:51

CLERK OF COURT
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINQUEST CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

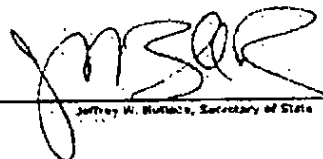
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2018 JAN 19 A 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20177427518

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203702174

Date: 12-06-17

Power of Attorney

NOTICE IS HEREBY GIVEN THAT LinQuest Corporation ("Company"), Corporation incorporated under the laws of Delaware, does hereby appoint Christine Rein, Kelly Lettmann, Michelle Donato, Mandy Hendricks, Dareth Jeffers, Alan Stachura, Nicole Parnell, Sarah Revelle, Ryan Nelson, Ryan Maher, Natalie Pickens, Michelle Buchheit, Jessica Molloy, Jeremy Puentes, Lars Fox, Matthew Sawyer, Shannon Diamond, JoAn Tolosa, Adam Steimel, Brad Slenker, Teah Griffin, Lauren Miller, Stacey Busch, Tony Spain, Shanna Loness, Collin Giles, Tammy Tofteroo, April Wittenwyler, Jamila Woods, Eleanor Puls, Cardell Rankin, Jenifer Vincent, Maria Sciotti, Kimberly Steinmetz, Scott White, Susan McCraney, Cristina Lam, Leslie Martin, Alishia L'Heureux, Terence Hardely, Ternell Kearney, Jessica Eisele, Denise Bell, Thomas Anderson, Kimberly Bowens and Sierra Burris (but only for so long as each of them, respectively, remains an employee of CT Corporation or an affiliate thereof) as attorney-in-fact for the Company to act for the Company and affiliates and subsidiaries of the Company attached hereto as Exhibit A, specifically incorporated herein by reference ("the Subsidiaries") in the Corporation and Subsidiaries' names for the limited purposes authorized herein.

The Corporation and Subsidiaries hereby grants its attorney-in-fact the power to execute the documents necessary to file annual reports, annual registrations, license renewals, change entities' registered agent and registered office, and forms of similar import on behalf of the Corporation and Subsidiaries in any state and the District of Columbia.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Tammy Tofteroo, April Wittenwyler, Jamila Woods, Eleanor Puls, Cardell Rankin, Jenifer Vincent, Maria Sciotti, Kimberly Steinmetz, Scott White, Susan McCraney, Cristina Lam, Leslie Martin, Alishia L'Heureux, Terence Hardely, Ternell Kearney, Jessica Eisele, Denise Bell, Thomas Anderson, Kimberly Bowens and Sierra Burris shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the Corporation or Subsidiaries.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the 23 day of January, 2018.

June, 2017
Month Year

Signature

Matthew C. Lyons CFO
Name, Title

Sworn to and subscribed before me
this day of ,
Date Month Year

Signature of Notary

Notary Public, State of
State

Commission Expires:
M/D/YYYY

See attached California
all purpose Certificate
of Acknowledgment

(Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

2018 JAN 19 A 8:54
FILED
CLERK OF SUPERIOR COURT
JANUARY 19 2018
TALLAHASSEE, FLORIDA

California All-Purpose Certificate of Acknowledgment

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

S.S.

On 6/23/2017 before me, Ellen Tunkelrott, Notary
Name of Notary Public, Title

personally appeared Matthew C. Lyons
Name of Signer (1)

Name of Signer (2)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies); and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Ellen Tunkelrott
Signature of Notary Public



OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of Power of Attorney

containing 1 pages, and dated 6/23/17

The signer(s) capacity or authority is/are as:

- ☐ Individual(s)
☐ Attorney-in-fact
☐ Corporate Officer(s)

(Follows)

- ☐ Guardian/Conservator
☐ Partner - Limited/General
☐ Trustee(s)
☐ Other:

representing:

Name(s) of Person(s) Entity(ies) Signer(s) Representing

Additional Information	
Method of Signer Identification	
Proved to me on the basis of satisfactory evidence:	
<input type="checkbox"/> form(s) of identification	<input type="checkbox"/> credible witness(es)
Notarial event is detailed in notary journal on:	
Page #	Entry #
Notary contact:	2018 JAN 9 A 8:50
Other	
<input type="checkbox"/> Additional Signer	<input type="checkbox"/> Signer(s) Thumbprint(s)
<input type="checkbox"/>	