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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)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:

CELVEY (-1 AMI):

4B

FOREIGN PROFIT/NONPROFIT CORPORATION THE MMPM COMPARIUS INC.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

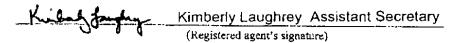
IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS'IN THE STATE OF FLORIDA. 1. THE MMPM COMPANIES INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Delaware 3. (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 4.9.2018
5. Perpetual
(Date of incorporation)
(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 670 Water Street SW Washington Dc (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NCE acceptable) CT Corporation System Name: 1200 South Pine Island Road

Plantation , Florida 33324

(City) (Zip code) Office Address:

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.



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.

To: Page 4 of 6

| 11. Names and business addresses of officers and/or directors: | | | |
|---|---|---------------------------------------|------------------|
| A. DIRECTORS | | | |
| Chairman: Amer Hammour | | | |
| Address: 670 Water Street, SW | | · | |
| Washington Dc 20024 | | | |
| Vice Chairman: David Brainerd | | | |
| Address: 670 Water Street, SW | | | |
| Washington Dc 20024 | | | |
| Director: John Fleury | | | |
| Address: 670 Water Street SW | | | |
| Washington DC 20024 | · - · · · · · · · · · · · · · · · · · · | | |
| Director: | | | |
| Address: | | | |
| | | | |
| B. OFFICERS | | | |
| President: See attached add. | end | u.m | |
| Address: | ٠. | 655 | · e · rege |
| | | 7~ | 3 <u>1</u> |
| - | | · · · · · · · · · · · · · · · · · · · | i |
| Vice President: | - | | |
| Vice President: Address: | - | <u>→</u> | - |
| Address: | | → → | 77 |
| Address: | - | - | ガー フー |
| Address: | | - | - |
| Address: Secretary: Address: | | - | 77 |
| Address: Secretary: Address: Trensurer: | - | - | 77 |
| Address: Secretary: Address: Trensurer: Address: | | -D | 3 |
| Address: Secretary: Address: Trensurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional office | | -D | S. |
| Address: Secretary: Address: Trensurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional office 12. Signature of Director or Officer | | director | |
| Address: Address: Trensurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional office 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms to the signature of Director or Officer. | that the f | director | ed herein |
| Address: Address: Trensurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional office in a signature of Director or Officer. The officer or director signing this document (and who is listed in number 11 above) affirms are true and that he or she is aware that false information submitted in a document to the Department degree follows as provided for in a \$17,155, E.S. | that the f | director | ed herein |
| Address: Address: Trensurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional office 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms to the signature of Director or Officer. | that the f | director | ed herein |

Addendum to Application for Foreign Corporation

11. B. Officers

John Fleury, Chief Executive Officer 670 Water Street SW, Washington DC 20024

Thomas Gilmore, President 670 Water Street SW, Washington DC 20024

David Brainerd, Vice President 670 Water Street SW, Washington DC 20024

Melissa Rudder, Vice President 670 Water Street SW, Washington DC 20024

Charlotte Strain, Vice President and Secretary 670 Water Street SW, Washington DC 20024

John Elliott, Vice President and Treasurer 670 Water Street SW, Washington DC 20024

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE MMPM COMPANIES INC." 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 THIRTIETH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES 772.7 HAVE BEEN ASSESSED TO DATE.

1:0

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Authentication: 202607748

Date: 04-30-18