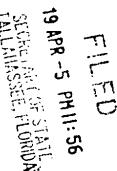
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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K. SALY APR - 8 2019

Incorporating Services, Ltd.

3500 S ĐuPont Highway Dover, DE 19901 302.531.0855

Fax: 302.531.3150 www.Incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

Division of Corporations, Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

FROM

Zvjezdana Sijan zsijan@incserv.com

302.531.3150

REQUEST DATE 4/5/2019

PRIORITY Regular Approval

OUR REF # (Order ID#) 732578

ORDER ENTITY

MONARCHEX MANAGEMENT COMPANYY

PLEASE PERFORM THE FOLLOWING SERVICES:

File the attached foreign qualification document

NOTES:

\$720.00 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

W

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, April 05, 2019 Page 1 of 1

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.

(Enter name of c	MANAGEMENT COMPANY orporation; must include "INCORPORATED," "(orp.," "Inc.," "Co," or "Corp.")	COMPANY," "CORPORATION,"	_
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)	-
2	3		
(State or countr DELAWARE	y under the law of which it is incorporated)	(FEI number, if applicable)	
	of incorporation)	(Date of duration, if other than perpetual)	-
	(Date first transacted business in Fk (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability)	SECTION TO
7	ational Dr., Ste. 105, Orlando, FL 32822		5 J. F
	(Principal c	office address)	<u>~</u> ,~, ~
	(Current mailing a	ddress, if different)	PHII: 56
8. Name and street	t address of Florida registered agent: (P.O. B	Box NOT acceptable)	S.
Name:	INCORPORATING SERVICES, LTD.		
Office Address:	1540 Glenway Drive	_	
	Tallahassee	32301 _ , Florida	
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered ugent 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.

Abradaua Naw Amistant Secretary
(Registered agent's signature)

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.

FILED

19 APR -5 PMII: 56

SECIEL ANY OF STATE
TALLAHASSEE, FLORIDA:

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

. DIRECTORS	ALLAHASSEE. FLO
JAMES A. TOMPKINS	· · · · · · · · · · · · · · · · · ·
6870 PERRY CREEK, ROAD, RALEIGH, NC 27616 dress:	
IOHNIC SPAIN'	
6870 PERRY CREEK, ROAD, RALEIGH, NC 27616	
Denny McKnight	
6870 PERRY CREEK, ROAD, RALEIGH, NC 27616 dress:	
ector:	
dress:	
OFFICERS GENE TYNDALL - President sident:	· · · · · · · · · · · · · · · · · · ·
6870 Perry Creek Road, Raleigh, NC 27616	
Jeffrey Kaplan - CFO e President:	
6870 Perry Creek Road, Raleigh, NC 27616	
Jeffrey Kaplan	
6870 Perry Creek Road, Rateigh, NC 27616	
asurer:	
TE: If necessary, you may attach as addendum to the application listing a	additional officers and/or directors.
Signature of Director or Officer of officer or director signing this document (and who is listed in number 11 true and that he or she is aware that false information submitted in a document degree felony as provided for in s.817.155, F.S.	
JEFFREY KAPLAN. VP. CFO. SECRETARY	



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

DELAWARE, DO HEREBY CERTIFY "MONARCHEX MANAGEMENT COMPANY" 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 FIFTH DAY OF APRIL, A.D. 2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MONARCHFX

MANAGEMENT COMPANY" WAS INCORPORATED ON THE THIRD DAY OF MAY, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.





Authentication: 202588636

Date: 04-05-19