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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:_____

FOREIGN PROFIT/NONPROFIT CORPORATION MSHC, Inc.

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Help

From: Ranae McGraw

OREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

2021-01-27 11:32:53 CST

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 corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." *Inc.," "Co.," "Corp." *Inc.," "Co." or "Corp.") Service Logic, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting husiness in Florida) Delaware 3. (State or country under the law of which it is incorporated) 4. (Date of incorporation) (Date of incorporation) (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 214 N. Tryon Street, Suite 2425, Charlotte, NC 28202 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Plantation 33324	MSHC, Inc.		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware 3.			," "COMPANY," "CORPORATION,"
20-5277888 (State or country under the law of which it is incorporated) (FEI number, if applicable) 7/27/2006 (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 214 N. Tryon Street, Suite 2425, Charlotte, NC 28202 (Principal office address) (Cerrent mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1260 South Pine Island Road Plantation 33324	Service Logic, l	inc.	
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4	. Delaware 2.	3.	20-5277888
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 214 N. Tryon Street, Suite 2425, Charlotte, NC 28202 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1260 South Pine Island Road Office Address: Plantation 33324	7/27/2006		
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Plantation 33324	(Date	of incorporation)	(Date of duration, if other than perpetual)
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Plantation 33324	c		
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road Plantation 33324	7		ipal office address)
Office Address: C T Corporation System 1260 South Pine Island Road Plantation 33324	<u></u>	(Current maili	ing address, if different)
Name: 1200 South Pine Island Road Office Address: Plantation 33324	8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)
Office Address: Plantation 33324	Name:	C T Corporation System	
Plantation 33324	Office Address:	1200 South Pine Island Road	
, Florida		Plantation	
(City) (Zip code)	·	(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. l' Corporation System (Registered agent's signature)
> Madonna Cuddihy, 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.

From; Ranae McGraw

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Craig A. Steinke	_
214 N. Tryon Street, Suite 2425 Address:	_
Charlotte, NC 28202	_
Timothy Riedel Vice Chairman;	
214 N. Tryon Street, Suite 2425 Address:	_
Charlotte, NC 28202	_
Scon Wulinsky Director:	_
214 N. Tryon Street, Suite 2425 Address:	_
Charlotte, NC 28202	
Director:	
Address:	•
7401033	
B. OFFICERS	_
Timothy Riedel	
President:	_
Charlotte, NC 28202	_
Jason Richardson — Vice President:	_
214 N. Tryon Street, Suite 2425 Address:	
Charlotte, NC 28202	_
Scott Wulinsky Secretary:	_
214 N. Tryon Street, Suite 2425, Charlotte, NC 28202 Address:	•
Scott Wulinsky Treasurer:	
214 N. Tryon Street, Suite 2425, Charlotte, NC 28202 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. Scott Wulinsky, Secretary, Treasurer and Director.	
(Typed or printed name and capacity of person signing application)	



Page 1

From: Ranae McGraw

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MSHC, 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2021.

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.

Authentication: 202380351

Date: 01-27-21

<u>C.</u>`

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SR# 20210239799