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Florida Department of State

Division of Corporations

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Foreign Limited Liability Company COMPMANAGEMENT, LLC

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COVER LETTER

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BJECT:	CompManagement	, LLC	_		
		Name of Limite	d Liability Company		
e enclosed istence, an	"Application by Fo d check are submitt	reign Limited Liability Com ed to register the above refer	pany for Authorizat enced foreign limite	tion to Transact Business in Florida," (ed liability company to transact busine	Certitionte ss in Flori
ase return	all correspondence	concerning this matter to the	following:		
	CT Corporation	System			
		N	une of Person		
	CT Corporation	System			
			пп/Сотралу		
	515 East Park A	venue			
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 CompMonnement 11 C	
1. CompManagement, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL	C.'')
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name a Liability Company," "L.L.C." or "LLC.")	nust include "Limited
2. Ohio 3. 31-1112569	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
·	
(Date first transacted business in Florida, if prior to registration.)	
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1100 Ridgeway Loop, Suite 200 Memphis, TN 38120	
(Street Address of Principal Office)	
6, 1100 Ridgeway Loop, Suite 200 Memphis, TN 38120	
6. The Magnay 2009 and 200 Mempins, 111 30120	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage	ge is/are;
See attached	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticat having custody of records in the jurisdiction under the law of which it is organized. (A photo	ed by the official
acceptable. If the certificate is in a foreign language, a translation of the certificate under oat	h of the translator
must be submitted)	
()2 X 4 ()	
Signature of an authorized person	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that it am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for	he facts siniculations are true. I
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Typed or printed name of signee	5至 5 二
i yped or printed name of signee	增多 Fin
	明 a G

CompManagement, LLC

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

David A. North, Jr.

President and Chief Executive Officer

Steven E. Penman

Executive Vice President and Chief

Operating Officer

W. Jay Potter

Executive Vice President, Chief Financial

Officer and Treasurer

Jason P. Hood

Executive Vice President, Chief Legal

Officer and Secretary

Jason L. Landrum

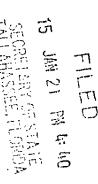
Executive Vice President, Chief Information

Officer

Stephen R. Hurley

Senior Vice President and Assistant

Secretary



^{*}The address for each individual identified above is: 1100 Ridgeway Loop, Suite 200 Memphis, TN 38120.

Compmanagement, LLC

1. The name of the Limited Liability Company is:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

if unavailable, the alternate to b	oe used in the	state of Florida is:	
2. The name and the Florida st	reet address of	f the registered agent and office are:	
C T Corporation	System		·
		(Name)	
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)		
r K	Mus Sireet Aduli	ESS (F.O. BOX NOT ACCEPTABLE)	`
Plantation		FL 33324 City/State/Zip	
liability company at the place de registered agent and agree to ac statutes relating to the proper a	esignated in the et in this capac nd complete pe	accept service of process for the about is certificate, I hereby accept the appoints. I further agree to comply with the erformance of my duties, and I am fantered agent as provided for in Chapter	ointment as se provisions of all niliar with and
C T Corporati By:	on System)a (Signatu	James M. Halpin Assistant Secretary ure)	55 JAN SEGRETAL TALLAHAS
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	LED 21 PH 4: 41 RY OF STATE SEE, FLORIDA

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show COMPMANAGEMENT, LLC, an Ohio For Profit Limited Liability Company, Registration Number 640895, was organized within the State of Ohio on September 10, 1984, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of January, A.D. 2015.

Ohio Secretary of State

for Huster

Validation Number: 201502101448