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SECRETARY OF STATE
TALLAHASSEE, FLORID,

K.S.YLY EXAMINER SEP -8 2015



CT Corporation

515 East Park Avenue Tallahassee, FL 32301 850 558 1930 tel 855 637 1628 fax www.ctcorporation.com

September 4, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9684698 SO

Customer Reference 1: Customer Reference 2:

TrustHouse Services Group Project Galaxy Qualificat

Dear Department of State, Florida:

Please obtain the following:

Galaxy GP, LLC (DE) Registration Florida (F:10 155)

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

Div	ision of Corporation	ns					
SUBJECT:	Galaxy GP, LLC Name of Limited Liability Company						
SOBOLET.							
The enclose Existence, a	d "Application by For nd check are submitte	reign Limited Liability Comp ed to register the above refero	pany for Authorizatenced foreign limit	tion to Tra ed liability	insact Business in Florida," Certily company to transact business in	ficate of Florida.	
Please return	n all correspondence	concerning this matter to the	following:				
	Elizabeth H. Fo	ernandez					
		Name of Person					
	Parker Poe Adams & Bernstein LLP						
Firm/Company							
401 S. Tryon Street, Suite 3000							
Address							
	Charlotte, NC 28202						
	*** -	City/State and Zip Code					
	Add to the second of the secon	E-mail address: (to be used	d for futura annual	raport not	ification)		
Para Bandana !			u for future almuar	report not	meanony		
r or turtner i	niormation concernin	g this matter, please call:					
Eli	zabeth H. Fernandez		704 at (33 5- 90: _)	53		
	Name o	of Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding recutive Center Circle see, FL 32301		
	a check for the follow \$125.00 Filing Fee	ving amount: \$\Boxed{1} \text{\$\\$\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certification of Status & Certified Copy	ate	

TO: Registration Section

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 POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Galaxy GP, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Upon qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 4135 South Stream Blvd., Suite 250 Charlotte, NC 28217 (Street Address of Principal Office) Same as above (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: , Florida 33324 (Zip code) Plantation (City) 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. Michael Jones Assistant Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Michael Bailey, Manager 4135 South Stream Blvd., Suite 250, Charlotte, NC 28217 Hugh Totman, Manager 4135 South Stream Blvd., Suite 250, Charlotte, NC 28217 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

Baiky

Typed or printed name of signee

This document is executed in accordance with section 605.0203 (15 (b), Florida Statutes. I am aware that any 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.

Michael

FL057 - W6/2015 Wolters Kluwer Online

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "GALAXY GP, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWENTY-EIGHTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
2015 SEP -4 AM 8: 53
2015 SEP -4 AM 8: 53

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AUTHENTY CATION: 2596345

DATE: 07-28-15

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