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| uestor's Name) | | | | |
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| Certificate | s of Status | | | |
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 775535 4321551

AUTHORIZATION : Spellice ma

COST LIMIT : \$ 158.00

ORDER DATE: September 4, 2015

ORDER TIME : 12:11 PM

ORDER NO. : 775535-080

CUSTOMER NO: 4321551

FOREIGN FILINGS

NAME: CAPITAL VISION SERVICES GP,

LLC

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:

Registration Section

| Divi | sion of Corporations | | | | |
|---------------------------------|---|--|------------------|--|--|
| SUBJECT: | Capital Vision Services GP, LLC | | | | |
| | Nam | ne of Limited Liability Company | | | |
| | | bility Company for Authorization to Transact Business in Florida," bove referenced foreign limited liability company to transact busin | | | |
| Please return | all correspondence concerning this ma | atter to the following: | | | |
| | Sheila M. Gask | | | | |
| | Name of Person | | | | |
| | Moore & Van Allen PLLC | | | | |
| Firm/Company | | | | | |
| 100 N. Tryon Street, Suite 4700 | | | | | |
| | | Address | | | |
| | Charlotte, North Carolina 28202 | | | | |
| | • | City/State and Zip Code | | | |
| | kabod@myeyedr.com | | | | |
| | E-mail address: | (to be used for future annual report notification) | | | |
| For further inf | ormation concerning this matter, pleas | se call: | | | |
| Кел | Abod, CFO | 703 847-8899 at () | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number (7) | 2015 | | |
| Divis Regis P.O. I | LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | FILED SP 10 P | | |
| | a check for the following amoun 25.00 Filing Fee \$130.00 Filing Certificate of S | g Fee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Cer | | | |

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. | Capital Vision Services GP, LLC | |
|------------|--|-------------|
| •• | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
| | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limability Company," "L.L.C," or "LLC.") | ited |
| 2 | Delaware 3. | |
| <u></u> - | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | |
| 4 | August 14, 2015 | |
| ••• | (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | |
| 5. | 1950 Old Gallows Road, Suite 520 | |
| | Vienna, Virginia 22182-3970 | |
| | (Street Address of Principal Office) | |
| 6. | (Same) | |
| | | |
| | (Mailing Address) | |
| 7. | The name, title or capacity and address of the person(s) who has/have authority to manage are: | |
| Su | ue Downes, President and Chief Executive Officer, 1950 Old Gallows Road, Suite 520, Vienna, VA 22182-3970 | H |
| | ASSI | <u></u> |
| | | m |
| | <u> </u> | |
| hav acc | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the office of the custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translat be submitted) | |
| | que Drones | |
| | Signature of an authorized person accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817.155, F.S.) | are true. 1 |
| | Sue Downes | |
| | Typed or printed name of signee | |

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.

| | e of the Limited Liability Co n Services GP, LLC | mpany is: | | _ |
|--|--|---|---|----|
| If unavailab | le, the alternate to be used in | the state of Florida is: | | |
| 2. The name | e and the Florida street addre | ess of the registered agent and | office are: | - |
| | Corporation Service Comp | pany | | |
| | | (Name) | <u> </u> | |
| | 1201 Hays Street | | TA: 2 | |
| | Florida Street | Address (P.O. Box NOT ACCEPTAE | 2015 SEP SECRETALLAHA | ** |
| | Tallahassee | FL 32301 | EP 10 | ٢ |
| | | City/State/Zip | E E | [|
| liability com registered ag statutes relat | pany at the place designated i gent and agree to act in this co ing to the proper and comple | nd to accept service of process in this certificate, I hereby acc apacity. I further agree to con the performance of my duties, a egistered agent as provided for | ept the appointment as conply with the provisions of all and I am familiar with and | 1 |
| | Corporation Service Compa | ionature\ | — Melissa Zender Asst. Vice President | |
| | \$ 100.0 | 00 Filing Fee for Applicati | íon | |

\$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CAPITAL VISION SERVICES 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 TENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPITAL VISION SERVICES GP, LLC" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 10022955

Date: 09-10-15