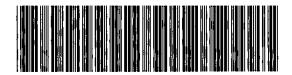
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(Re	equestor's Name)	
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SECRETARY OF STATE STATE AND LAHASSEE. FLORIDA

SEP 1 4 2015

3 MASON

COVER LETTER

62 SUBJECT:		outh Holdings, LLC			
		Name of	Limited Liability Co	ompany	
					ansact Business in Florida," Certificate y company to transact business in Flori
lease return ai	il correspondence	concerning this matter to the	following:		
	Mark Shklar				
		N	ame of Person		
	Berger, Cohen	& Brandt, L.C.			
		F	irm/Company		
	8000 Maryland	Ave., Suite 1550			
			Address		
	Clayton, MO 6	3105			
		City/S	State and Zip Code		
	mshklar@bcbsla				
		E-mail address: (to be use	d for future annual r	eport not	tification)
or further info	rmation concerning	g this matter, please call:			
Mark	Shklar		314 at ()	721-72	72
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number
Divisi	on of Corporation		Ī	Division	r ADDRESS: of Corporations
P.O. B	ration Section Box 6327 lassee, FL 32314		2	Clifton B 2661 Exe	ion Section Building ecutive Center Circle see, FL 32301
	heck for the follow 25.00 Filing Fee	ring amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN PLORIDA

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

(Name of Fo	oreign Limited Liability Company; me	ust include "Limited Lia	bility Company," "L.L.C.," or	r"LLC:")	- .
(If name unavailable, enter Liability Company," "L.L.C	alternate name adopted for the purpo	se of transacting busines	s in Florida. The alternate name	me must include "	Limited
Delaware	, or LLC.)	ለግ ለበለበስዩን			
(Jurisdiction under the lay	w of which foreign limited liability	3. 47-4940087	(FEI number, if applicable	3)	
company is organized)	•		(=	•	
4. 10/9/15	/Date Sept transported hasi-			_	
	(Date first transacted busin (See sections 605.0904 & 605	5.0905, F.S. to determine	penalty liability)		
5. 8000 Maryland Ave.,	Suite 610			_	
Clayton, MO 63105					
Ciayton, Me 03103	(Street Address of	Principal Office)		-	,
6. 8000 Maryland Ave., S	-	,			
	<u></u>	***************************************	·	- ×.	2
Clayton, MO 63105				33.6	i N
	(Mailing	Address)		RETARY AHASSE	2 []
7. Name and street address	ss of Florida registered agent: (P.	.O. Box NOT accepts	ible)	ETARY HASSE	
Name:	CT Corporation System			0.3%	
	1200 South Pine Island Road		,	777)
Office Address:				F STATE FLORIDA	
	Plantation		, Florida 33324	ORID	2
Registered agent's accep	(City)		(Zip code)	> 0	1
Having been named as re designated in this applica to complywith the provisi accept the obligations of a	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the p ny position as registered agent.	ment as registered ag proper and complete p	ent and agree to act in thi performance of my duties,	's capacity. I fui	ther agree
	- l . lero				
•	7-4-4 lerc	Tardley Assi	Secretary		
•	Tere	ered agent's signature)	Secretary	•	
	City and address of the person(s)				
8. The name, title or capa				-	
8. The name, title or capa Jeffrey Igou					
8. The name, title or capa Jeffrey Igou Authorized Person					
8. The name, title or capa Jeffrey Igou Authorized Person 3000 Maryland Ave., Suite D. Attached is a certificate our safetion under the law o	city and address of the person(s) of the person of the per	who has/have authorit	y to manage is/are:		
8. The name, title or capa Jeffrey Igou Authorized Person B000 Maryland Ave., Suite D. Attached is a certificate ourisdiction under the law of the translator must be suited. This document is executed.	city and address of the person(s) of the person of the per	who has/have authority of an authorized person 203 (1) (b), Florida Sta	y to manage is/are: ted by the official having c language, a translation of	the certificate un	der oath

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "625 FIFTH AVENUE SOUTH HOLDINGS, 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 NINTH DAY OF SEPTEMBER, A.D. 2015.

5813569 8300

SR# 20150056145

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

Authentication: 10017053

Date: 09-09-15