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Division of Corporations

Fax Number : (850)617-6383

From:

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Foreign Limited Liability Company **OMLP LLC**

| Certificate of Status | 0 |
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| | | eign Limited Liability Com I to register the above refer | pany for Authoriza | ition to Tra | | |
| Please retu | irn all correspondence c | oncerning this matter to the | following: | | | |
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| | kim.lohr@outerw | E-mail address; (to be use | ed for future annual | report not | ification) | F71 |
| For further | r information concerning | this matter, please call: | | • | OF STATE, FLOR | T 5 |
| _ | | | at (| _}(| <u> </u> | <u></u> |
| | Name o | Contact Person | Area Code | Day | time Telephone Number | . ` |
| D R P | IAILING ADDRESS: bivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314 | · | | Division of Registration Billion Billi | ADDRESS: of Corporations ion Section uilding cutive Center Circle cc, FL 32301 | |
| | s a check for the follow 3 \$125,00 Filing Fee | ing amount: 1 \$130.00 Filing Fee & Certificate of Status | S155,00 Filir Certified Copy | ig Fec & | S160.00 Filing Fee, of Status & Certified C | |

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. OMLP LLC (Name of For | eign Limited Liability Company; must inclu | ide "Limited Liability Company." "L.I | .C.," or "LLC.") |
|--|---|--|--|
| (1f name unavailable, enter a Liability Company." "L.L.C. | ternate name adopted for the purpose of tra | usacting business in Florida. The alter | nate name must include "Limited |
| 2. Washington (Jurisdiction under the last company is organized) | of which foreign limited liability | 47-5508775 (FEI number, if ap | plicable) |
| 4 Upon Qualification | | | |
| 4, | (Date first transacted business in F (See sections 605,0904 & 605,0905, | lorids, if prior to registration.) | |
| 5. 1800 114th Avenue SE | | · .s. to determine penday tabunay | |
| 5, 1600 Haut Avenue St | , Believae, WA 76004 | · · · · · · · · · · · · · · · · · · · | |
| | (Street Address of Princip | ol Office) | |
| 6. 1800 114th Avenue SE | Bellevue, WA 98004 | | |
| | | , | •nort |
| | (Mailing Address | s) | 785 285 285 |
| 7. Name and street address | s of Florida registered agent: (P.O. Bo | x NOT acceptable) | CORET |
| Name: | C T Corporation System | <u> </u> | S The state of the |
| Office Address: | 1200 South Pine Island Road | | |
| | Plantation | , Florida <u>33324</u> | |
| Registered agent's accep | (City) | (Zip c | |
| Having been named as re designated in this applica to complywith the provision | gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the proper my position as registered agent. CT Corpora By: | as registered agent and agree to a rand complete performance of my tion System | ct in this capacity. I Juriller agree y duties, and I am familiar with and |
| | (Registered ag | ent's signature) | |
| 8. The name, title or capa | city and address of the person(s) who h | as/have authority to manage is/are |). |
| ccoATM, Inc., Manager, I | 0121 Barnes Canyon Road, San Diego | CA 92121 | |
| · · | | | |
| | of existence, no more than 90 days old, of which it is organized. (If the certifical through the control of an a | | |
| | in accordance with section 605.0203 (I the Department of State constitutes a th | | |
| | Donald R. Rench | - | |

Typed or printed name of signee



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF OMLP LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 10/28/2015.

I FURTHER CERTIFY that as of the date of this certificate, OMLP LLC remains active and has complied with the filing requirements of this office.

Date: November 10, 2015

UBI: 603-554-646



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

.Kim Wyman, Secretary of State