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SECORMARY OF STATE TALL ARKS SEE, FLORIDA

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COVER LETTER

Registration Section

TO:

Div	ision of Corporations	S							
SUBJECT:	MDM SOLUTIONS			*****					
		Name of I	Limit	ed Liability	Company				
		eign Limited Liability Comp I to register the above refere							
Please return	all correspondence co	oncerning this matter to the	follo	wing:					
	CYNTHIA K. V	VILLIAMS							
		Na	ame o	of Person					
	MDM SOLUTION	ONS LLC							
		Fi	rm/C	Company					
	575 ANTON BI	LVD, 3RD FLOOR						2016 SE7	
	-		Ad	dress					
	COSTA MESA,	, CA 92626					гн	<u></u>	
		City/St	tate a	ınd Zip Code			, ^		•
	CWILLIAMS@N	MDMCORP.COM						AH II: 13	
		E-mail address: (to be used	for	future annua	report not	ification)			
For further in	nformation concerning	this matter, please call:					·		
CY	NTHIA WILLIAMS		at	949 (295-64	17			
_	Name of	Contact Person	_	Area Code	Day	time Telephone Nu	mber	•	
Div Reg P.O	AILING ADDRESS: rision of Corporations gistration Section b. Box 6327 Iahassee, FL 32314				Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	÷		
	a check for the followi \$125.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status		\$155.00 Filinertified Copy	_	☐ \$160.00 Filing of Status & Certif	ied Cop	ру	
				Ru	-](3e &	do add	44	14	9/9/11

ATTN: Tanisha Washington

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 RI NINESS, IN THE STATE OF FLORIDA.

	eign Limited Liability Company;	must include "Limited Li	iability Company," "L.L.C.," or "	LLC.")	_
If name unavailable, enter al	Iternate name adopted for the pur	mace of transacting busin	ess in Florida. The alternate nam	a must include "l	
Liability Company," "L.L.C,"		pose of transacting busine	ess in Clorida. The attendate hair	¢ mast metade i	Lillinea
COLORADO		3. 47-4354093	i.		
company is organized)	of which foreign limited liability		(FEI number, if applicable)		
4. <u>8/24/16</u>				·	
	(Date first transacted but (See sections 605.0904 & 6	siness in Florida, if prior 605.0905, F.S. to determi	to registration.) ne penalty liability)		
5. 575 ANTON BLVD, 3		······································			
COSTA MESA, CA 92	2626				
		of Principal Office)		ZY:	5
5					SS SS
	•	•		表示	- -
	(Maili	ing Address)		· ;*****	5 [
	·	,		뜻위	
7. Name and street addres	ss of Florida registered agent:	(P.O. Box NOT accept	ptable)	015 715	
Name:	Registered Agents Inc		_	RE	ಪ
Office Address:	3030 N. Rocky Point Dr., S	TE 150A		>	
	Tampa		, Florida 33607		
Registered agent's accep	(City))	(Zip code)	•	
	egistered agent and to accept s tion, I hereby accept the appo	ointment as registered	agent and agree to act in this	s capacity. I fu	ırther agı
o complywith the provisi	ons of all statutes relative to to my position as registered age (Re		/Assistant Secretary/Reg	•	
to complywith the provision complywith the obligations of the obligati	my position as registered agei	Bill Havre egistered agent's signature	/Assistant Secretary/Reg	•	
to complywith the provision coupt the obligations of the obligations of the obligations of the or capacitation capacitatio	my position as registered agen	Bill Havre, egistered agent's signature on(s) who has/have author	/Assistant Secretary/Reg	•	
to complywith the provision complywith the provisions of increase of the control	my position as registered ages (Re	Bill Havre, egistered agent's signature on(s) who has/have author	/Assistant Secretary/Reg	•	
8. The name, title or capa CYNTHIA WILLIAMS, CFO = + + + e	(Reacity and address of the person 575 ANTON BLVD, 3RD FL	Bill Havre, egistered agent's signature in(s) who has/have authonoon, COSTA MESA of days old, duly authentic certificate is in a fore	/Assistant Secretary/Reg c) ority to manage is/are: , CA 92626 ticated by the official having o	custody of reco	nts Inc
8. The name, title or capa CYNTHIA WILLIAMS, CFO = + (+ e) 9. Attached is a certificate jurisdiction under the law	e of existence, no more than 90 of which it is organized. (If the ubmitted)	Bill Havre, egistered agent's signature in(s) who has/have authoroor, COSTA MESA	/Assistant Secretary/Reg	custody of reco	nts Inc

Typed or printed name of signee

CYNTHIA WILLIAMS

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

MDM SOLUTIONS LLC

is a

Limited Liability Company

formed or registered on 06/19/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151397305.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/19/2016 that have been posted, and by documents delivered to this office electronically through 08/24/2016 @ 12:42:26.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/24/2016 @ 12:42:26 in accordance with applicable law. This certificate is assigned Confirmation Number 9803304

OF COLON

Wayne N. Williams

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely

optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

End of Certificate