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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

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Account Name : ALLSTATE CORPORATE SERVICES CORP  
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ALLSTATE CORPORATE SERVICES CORP

Foreign Limited Liability Company  
HBARSCI LLC

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TALLAHASSEE, FLORIDA

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SEP 23 2016

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**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. HBARSCI 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. NY 3. 46-0852072  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

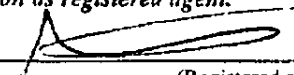
5. 3349 Monroe Avenue, Suite 151  
Rochester, NY 14618  
(Street Address of Principal Office)

6. 3349 Monroe Avenue, Suite 151  
Rochester, NY 14618  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: REGISTERED AGENT SOLUTIONS, INC.  
Office Address: 155 OFFICE PLAZA DR., SUITE A  
TALLAHASSEE, Florida 32301  
(City) (Zip code)

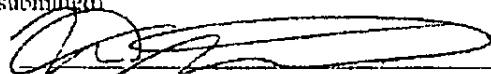
**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

  
(Registered agent's signature) SAL ARACASIS  
ASST SECTY

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
Enalas, LLC, Member 14 Vantage Drive, Pittsford, NY 14534 / Doug Pearson, Member 12 Stuyvesant Rd, Pittsford NY 14534  
Sumeet Jain, Member 12 Mahesh Nagar, Haryana India / Michael Wink, Member 2439 Wheller Station Rd, Bloomfield NY 14469  
Matthew Bertrand, Member 1575 Blossom Rd, Rochester, NY 14610

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

This document is executed in accordance with section 605.0203 (1) (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.

Matthew Bertrand  
Typed or printed name of signer

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**State of New York**  
**Department of State** } **ss:**

*I hereby certify, that HBARSCI LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/10/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:*

*A Biennial Statement was filed 08/19/2014.*

*Certificate of Change was filed on 06/22/2015.*

*A Biennial Statement was filed 08/04/2016.*

*I further certify, that no other documents have been filed by such Limited Liability Company.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 16th day of September  
two thousand and sixteen.*

Brendan W. Fitzgerald  
Executive Deputy Secretary of State