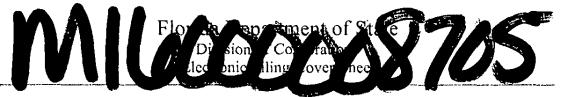
Division of Corporations



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	Account Name : C T CORPORATION SYSTEM		-
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## Foreign Limited Liability Company MST Services, LLC

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

IN COMPLIANCE WITH SECTION 605,0000, FLORIDA STATUIFS THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MST Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") MultiSystemic Therapy Services, 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 "LL.C.") Delaware 61-1805086 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) Upon filing (Date first transacted business in Florida, If prior to registration.)
(See sections 603.0904 & 605.0905, F.S. to determine penalty liability) 710 Johnnie Dodds Boulevard, Suite 200 Mt. Pieasant, SC 29464 (Street Address of Principal Office) 6. 710 Johnnie Dodds Boulevard, Suite 200 Mt. Pleasant, SC 29464 (Muiling Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address :... Plantation 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 complywith the provisions of all statutes relative to the proper oud conglete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/halve authority to manage is/are: Josh Glade . Co-Managing Director, 710 Johnnie Dodds Boulevard, Suite 200, Mt. Pleasant, SC 29484 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.

Josh Glade

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MST SERVICES, 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 TWENTY-SIXTH DAY OF OCTOBER, A.D. 2016.

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

6175630 8300

SR# 20166370727

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

Authentication: 203229023

Date: 10-26-16