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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 393679 7429582 AUTHORIZATION COST LIMIT ORDER DATE: December 6, 2016 ORDER TIME : 9:51 AM ORDER NO. : 393679-220 CUSTOMER NO: 7429582 FOREIGN FILINGS NAME: COLLAB9, LLC XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

EXAMINER: \_\_\_\_

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

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

	TION 605.0902. FLORIDA STATUTES SINESS IN THE STATE OF FLORIDA		SOBHITTES TO RESERVE	
ı. collab9, LLC				
(Name of Fore	ign Limited Liability Company; mu	st include "Limited Lia	bility Company," "L.L.C.," or	"LLC.")
If name unavailable, enter al	ternate name adopted for the purpos	e of transacting busine	ss in Florida. The alternate nam	ne must include "Limited
iability Company," "L.L.C,"	or "LLC.")	05.4550301		
Delaware	of which foreign limited liability	3. 95-4650291	(FEI number, if applicable)	<u> </u>
company is organized)	or writen foreign milited frating		(i Li namoci, ii approaote)	
Upon filing				_
	(Date first transacted busine (See sections 605.0904 & 605	ss in Florida, if prior to .0905, F.S. to determin	o registration.) e penalty liability)	
27520 Hawthorne Blvd	I., Suite 180			_
Rolling Hills Estates, C	A 90274-3542			
	(Street Address of	Principal Office)	······································	- 00
27520 Hawthorne Blvd	., Suite 180			
Rolling Hills Estates, C	A 90274-3542			, Q
Rolling Tims Estates, C	(Mailing	Address)		
N			tabla)	# 10: 45
. Name and <u>street addres</u>	s of Florida registered agent: (P		laule)	
Name:	Corporation Service Company		_	温温で
Office Address:	1201 Hays Street		_	<b></b>
	Tallahassee		, Florida 32301	
	(City)		(Zip code)	_
lesignated in this applica o complywith the provisi	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. Corporation Service Compan By:	tment as registered of proper and complet	agent and agree to act in the performance of my duties	is capacity. I further a
	(Regis	tered agent signature	`	st. Vice President
8 The name title or can:	acity and address of the person(s	) who has/have autho		st. vice i resident
·	Manager, 27520 Hawthorne Blvd			42
		, , , , , , ,		<del></del>
			<u> </u>	
Attached is a portificate	of existence, no more than 90 d	and duly authorit	icated by the official baying	custody of records in th
urisdiction under the law	of which it is organized. (If the			
of the translator must be s	ubmitted)			
•	Signatur	~		_
	Signatur	of an authorized pers	on	
This document is executed submitted in a document to	in accordance with section 605, the Department of State constit	0203 (1) (b), Florida utes a third degree fe	Statutes. I am aware that an lony as provided for in s.817	y false information 7.155, F.S.
	Attiazaz "Bob" Din, Manager			
	Typed or	printed name of signee		

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "COLLAB9, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLLAB9, LLC"

WAS FORMED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 1997.

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





2772959 8300 SR# 20167133188 Authentication: 203534453

Date: 12-16-16