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D. SCOTT

EU COUNTRYWIDE HR.

December 28, 2016

FL Dept. of State Division of Corporation Registration Section PO Box 6327 Tallahassee, FL 32314

RE: Lightsource Holdings, LLC

Dear Sir/Madam:

Enclosed please find the Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business and a check in the amount of \$130.00 for processing.

Should you have any questions, do not hesitate to contact me. Thank you for your assistance in this matter.

Sincerely.

Theodore Bryont/EL
Theodore G. Bryant

General Counsel – E.V.P.

TGB/er

Enclosures



COVER LETTER

	egistration Section ivision of Corporation	ns				
SUBJECT	Lightsource Holding	gs, LLC				
SUBJECT: Name of Limited Liability Company						
The enclos Existence,	ed "Application by For and check are submitte	reign Limited Liability Comp ed to register the above refere	eany for Authorizatenced foreign limit	tion to Tra ed liability	nnsact Business in Florida, 'y company to transact busin	' Certificate ness in Florid
Please retu	rn all correspondence of	concerning this matter to the	following:			
	Elizabeth Reye	s				
	 	Ná	ame of Person			•
	Lightsource Ho	oldings, LLC				
		Fi	rm/Company			
	707 Mendham	Blvd., Suite 250				
			Address			•
	Orlando, FL 33	2825				
		City/S	tate and Zip Code			
	corp.regulatory@	gcountrywidehr.com				_
		E-mail address: (to be used	I for future annual	report not	tification)	
For further	information concerning	g this matter, please call:				
Z	achary A. Collier		407 at (517-94(_)		_
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
D R P	IAILING ADDRESS: Division of Corporations egistration Section O. Box 6327 fallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	s a check for the follow \$\frac{1}{8}\$ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	of Status & Certified Co	Tricate py JAN -4 PH 3:

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:

Name: Office Address: Orlando Orlando Orlando Orlando Orlando (City) (City) (Cip code) Registered agent's acceptance: Idving been named as registered agent and to accept service of process for the above stated limited liability company at the estignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe to complywith the provisions of all statiles relative to the proper and complete performance of my duties, and I am familiar agent the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Cachary A. Collier C.E.O. 701 Mondham Bud., Suit 280		ternate name adopted for the r	purpose of transacting bus	iness in Florida. The alternate nam	ne must include "Limited
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 707 Mendham Blvd., Suite 250 Orlando, FL 32825 (Street Address of Principal Office) Orlando, FL 32825 (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Zachary A. Collier Office Address: 707 Mendham Blvd., Suite 250 Orlando , Florida 32825 (City) , Florida 32825 (City) , Florida 32825 (City) cegistered agent and to accept service of process for the above stated limited liability company at the estignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further complywith the provisions of all spaties relative to the proper and complete performance of my duties, and I am familiar except the abligations of my position as registered agent. (Registered agent's signature) Registered agent's signature) 3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: (achary A. Collier C.E.9. 701 Mondham Blvd., Suite 250	lability Company," "L.L.C,				
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	ccept the obligations of 3. The name, title or cap	and address of the per	son(s) who has/have au		سر سراسی
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) Signature of an authorized person	ccept the obligations of 3. The name, title or cap	and address of the per	son(s) who has/have au		سر سراسی

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

1, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, LIGHTSOURCE HOLDINGS LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 23, 2016, and is in good standing in this state.



Certified By: Jennifer Wilton Certificate Number. C20161228-2642 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 29, 2016.

hara.K.Cegovske

BARBARA K. CEGAVSKE Secretary of State