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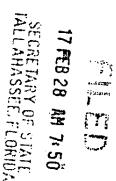
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COVER LETTER

TO:	Registration Section Division of Corpor					
SUBJE	MAS SVC LLO					
		Name of	Limited Liability (Company		
The end Existen	closed "Application by ce, and check are sub	y Foreign Limited Liability Comp mitted to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	nnsact Business in Florida," Co y company to transact business	ertificate of s in Florida
Please i	return all corresponde	nce concerning this matter to the	following:			
	Michael D	. Ginsberg				
		N	ame of Person			
	MAS SVC	LLC				
		F	irm/Company			
	2665 S. Ba	syshore Drive, Suite 1100				
			Address			
	Miami, FL	33133				
		City/S	tate and Zip Code			
	MGINSBER	CG@MASSVC.COM				
		E-mail address: (to be use	d for future annual	report not	ification)	
For fur	her information conc	erning this matter, please call:				
	Michael D. Ginsber	g	786 at (364-310	00	
	Na	me of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRI Division of Corpora Registration Section P.O. Box 6327 Tallahassee, FL 323	tions		Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	
Enclose	ed is a check for the for \$125.00 Filing For	10 /	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name adopted for the purpose") The foreign limited linbility (Date first transacted businesee sections 605.0904 & 605 to 1100 (Street Address of 1100	3 3 ess in Flori 5.0905, F.S.	Ell Bl da, if pri	siness in Flor - 325 ^L (PEL)	ida. The alternation of the second of the se	te name mu	st inclu		ted
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Business Filings Incorporated				B A	Ö			
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(City)			, 170710	(Zip code	e)			
hereby accept the appoint all statutes relative to the tion as registered agent. am Soli (Regist	proper an	egistere ad comp ASS s signati	d ugent and lete perforn \$\frac{1}{2} \subsection \subseta \subsection \subsec	lagree to uct the nunce of my d	in this cap luties, and	acity.	I furthe	r agi
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	(City) If agent and to accept ser hereby accept the appoint all statutes relative to the fion as registered agent. (Regist address of the person(s) (O) or of Financial Operations this organized. (If the cell) Michael Harman Michael Michael Harman Michael Michael Harman Michael Harman Michael Michael Harman Michael Michael Harman Michael Micha	(City) If agent and to accept service of proper and statutes relative to the proper and tion as registered agent. (Registered agent) If address of the person(s) who has/life or of Financial Operations ence, no more than 90 days old, due to it is organized. (If the certificate is a signature of an authors and the content of the certificate is a signature of an authors and the certificate is a signature of an authors.	(City) If agent and to accept service of process for the appointment as registered at statutes relative to the proper and comption as registered agent. As a company As a co	(City) If agent and to accept service of process for the above thereby accept the appointment as registered agent and statutes relative to the proper and complete performation as registered agent. ASST-Security ASST-Security (Registered agent's signature) If address of the person(s) who has/have authority to make the person of Financial Operations are of Financial Operations	(City) (Complete performance of my deficion as registered agent. (Registered agent's signature) (Registered agent's	(City) (Control above stated limited liability or care to act in this cap and agree to act in this cap and agree to act in this cap and the control as registered agent. (Registered agent. (Registered agent.) (Regi	(City) (Registered of process for the above stated limited liability companion of the appointment as registered agent and agree to act in this capacity. It statutes relative to the proper and complete performance of my duties, and I am y dison as registered agent. (Registered ogent's signature) (Registered ogent's signatu	(City) (City)

Typed or printed name of signee

Michael D. Ginsberg

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MAS 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 NINTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAS SERVICES LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2016.

Authentication: 202013673

Date: 02-09-17

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