11/1/2000/3858

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000298799700

05/03/17--01035--030 **130.00

OITMAY -3 PM 2: 24

K. SALY MAY -5 2017

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 TRANSACTION IN THE STATE OF FLORIDA.

1. EMD EWC LLC (Name of Foreign Limited Liability Company; must incl	lude "Firefael Fichility Company " "FIC" or "FIC)
(Name of Poreign Limited Liability Company; must incl	inde Enriced Enounty Company, E.E.C., or EEC.)
	n/a
(If name unavailable; enter alternative na The alternate name must include	ame adopted for the purpose of transacting business in Florida. le "Limited Liability Company," "L.L.C.," or "LLC.)
2. Delaware	3
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 04/18/2017	·
(Date first transacted business in Florida, if prior to regist	ration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 4787 Valhalla Drive, Boulder, Colorado 80301	7, 2
(Street	Address of Principal Office)
6	(Mailing Address)
	San Taranta
7. Name and street address of Florida registered a	agent: (P.O. Box NOT acceptable)
Name: <u>PARACORP INCORPOR</u>	ATED SE 2
Office Address: 155 Office Plaza Drive, 15	Floor, Tallahassee, FL 32301
the place designated in this application, I hereby a capacity. I further agree to comply with tile provision my duties, and I am familiar with and accept the obligion.	pt service of process for tile above stated limited liability company at accept the appointment as registered agent and agree to act in this ons of all statutes relative to the proper and complete performance of gations of my position as registered agent. Leticia Burleson, Assistant Scretary gistered agent's signature)
8. The name, title or capacity and address of the Cheryl J. DiPanfilo and Charles J. Gower, as N	person(s) who has/have authority to manage is/are: Managers
custody of records in the jurisdiction under the language, a translation of the certificate under oath	ure of an authorized person)
This document is executed in accordance with sec	ction 605.0203 (1) (b), Florida Statutes. I am aware that any false

Cheryl J. DiPanfilo and Charles J. Gower
(Typed or printed name of signee)

s.817.155, F.S.

information submitted in a document to the Department of State constitutes a third degree felony as provided for in

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "EMD EWC 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-EIGHTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMD EWC LLC" WAS FORMED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2017.

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

FILEU 2011MAY -3 PM 2: 24 SECRETARSEE, FLORIBA

6384118 8300 SR# 20172901135 SE CONTRACTOR DE LA CON

Authentication: 202456099

Date: 04-28-17