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K. SALY MAY 1 0 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 632544 7980867

AUTHORIZATION CONTROL

COST LIMIT : \$ 125.00

ORDER DATE: May 8, 2017

ORDER TIME : 10:08 AM

ORDER NO. : 632544-005

CUSTOMER NO: 7980867

FOREIGN FILINGS

NAME: PROFESSIONAL CREW SERVICES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

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:

	REW SERVICES LLC Limited Liability Company, must include "Lim	ited Liability Company," "L.L.C.,"	or "LLC")	
If name mavailable, enter alternate n	ame adopted for the purpose of transacting business in f	Florida. The alternate name must include	"Limited Liability Company," "L.L.C," or "LLC.")	
DELAWARE		3 82-1398903		
(Jurisdiction under the law of wi	nich foreign limited liability company is organized)	J	(FEI number, if applicable)	
l				
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration.) rmine penalty liability)		
, 1741 BUSINESS C			SS CENTER DR	
(Street Address of Principal Office)		(Mailing Address)		
SUITE 200		SUITE 200		
RESTON, VA 20190		RESTON, VA 2	20190	
Name:	Sof Florida registered agent: (P.O. Bo Corporation Service Company 1201 Hays Street	ox <u>NOT</u> acceptable)	AHASSEE A	
Office reduces,			770	
	Tallahassee (City)	, Florida <u>3</u>	(Zip code)	
o comply with the provisions of all statutes relative to the prop nd accept the obligations of my position as registered agent. Corporation Service Company Bv:		Traffic perjorman	Melissa Zender	
	(Registered any	s signature)	Asst. Vice President	
8. The name, title or capa	acity and address of the person(s) who	has/have authority to manag	e is/are:	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
MANAGER	ALI AZIMA			
	1741 BUSINESS CENTER DR, STE 200			
	RESTON, VA 20190			
				
(Use attachments if neces	sary)			
Attached is a certificate urisdiction under the law of the translator must be s	of which it is organized. (If the certific	d, duly authenticated by the cate is in a foreign language,	official having custody of records in the a translation of the certificate under out	
	, ——	·		
	Signati	ure of an authorized person	······································	

Typed or printed name of signee

ALI AZIMA

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PROFESSIONAL CREW 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 EIGHTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROFESSIONAL CREW SERVICES LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2017.

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





6382923 8300 SR# 20173231731 Authentication: 202505008

Date: 05-08-17