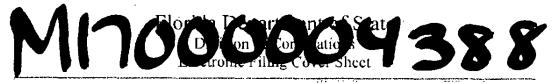
5/22/2017

Division of Corporations



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## Foreign Limited Liability Company SAVAGE SE OPERATIONS, LLC

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

IN COMPLIANCE WITH SEC	TION 605.0902, FT DRIDA STATE	JIES THE FOLLOWING IS	SCBMITTED TO REGISTER A F	OREKIN, LIMITED	LIABICATY		
Savage SE Operations	SINISS INTHE STATE OF FLOA	RIDA;					
1.	ign Limited Linhility Company	: must include "I imited I in	bility Company "" I C " or "	11(-3)	·		
,		inam morade vienned tim	and tanging, taile, or	LDC. )			
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the put	ipose of transacting busines	ss in Florida. The alternate name	must include "Lim	1112d		
2. Dolaware		3 82-1284314					
(Jurisdiction under the law company is organized)	of which foreign limited liabilit	y	(FE) manber, if applicable)				
4. Upon Filing							
	(Date first transacted by (See sections 605,0904 &	isiness in Florida, if prior to 605.0905, F.S. to determine	registration.) e penalty liability)				
5. 901 W Legacy Center							
Midvale, UT 84047				TA S			
	(Street Address	of Principal Office)		ESPET LLAH			
6. Same as above	6. Same as above						
				23 ASS			
	(Mai)	ing Address)		mo 🗩			
7. Name and street addres	s of Florida registered agent:	(P.O. Box NOT accept	able)	OF STA	-		
Name:	C T Corporation System		,	OF IA	J		
Office Address:	1200 South Pine Island Ro	ad	· ·	₽m <b>#</b>			
	Plantation	-:.	, Florida 33324				
	(City	)	(Zip code)				
Registered agent's accept Having been named as re	innce: gistered agent and to accept	service of process for th	e above stated limited liabili	ity company at the	e place		
designated in this applica	tion, I hereby accept the app	ointment as registered a	gent and agree to act in this	capacity. I furth	er agree		
to complywan the provisu accept the obligations of t	ons of all statutes relative to my position as registered age	ent C	,	and Lam familia	r with and		
	C T Corporation	n System Scholad	? Canker				
		egistered agent's signature)					
8. The name, title or capa	city and address of the person	n(s) who has/have author	ity to manage is/are:				
	and CEO, 901 W. Legacy Co	**	, ,				
Jeffrey L. Roberts, Exec.	Vice President, CFO and Tre	asurer, 901 W. Legacy C	enter Way, Midvale, UT 840	)47			
	ce President, 901 W. Legacy						
		<u></u>					
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be su</li> </ol>	of existence, no more than 90 of which it is organized. (If the aboutted)	days old, duly authentic re-ecrtificate is in a forci	ated by the official having or ga language, a translation of t	ustody of records the certificate und	in the ler oath		
		_ 1111					
	Signa	fure of an authorized person	1				

This document is executed in accordance with section 608.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Jeffrey L. Roberts

J-14157 - 9/11/2015 Walters Kluwer Online



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SAVAGE SE OPERATIONS, 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-SECOND DAY OF MAY, A.D. 2017.

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

6371541 8300

SR# 20173862389

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202582209

Date: 05-22-17