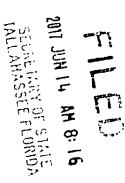
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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LI LA LI RESEARCH, tro'
The Eight Response at the Eight Dime, Every Time?

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: June 14, 2017		Account#: I2000000088 }	
Name: Michell			
Reference #:			
Entity Name:		LOOP, LLC	
Articles of Incorp	oration/Authori	zation to Transact	Business
Amendment			
Change of Agen	t		
Reinstatement			
Conversion			
☐ Merger			
☐ Dissolution/With	drawal		
Fictitous Name			
✓ Other	CE	RTIFIED COPY UP	ON FILING
Please incl	ude a copy of cov	ver letter with return	ed evidence. Thanks!
Authorized Amount	\$ 155	5	Please note: If authorized amount is incorrect, please call Michelle at 518-213-0737.
Signature: Mid	relle N	aller	

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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 RUSINESS IN THE STATE OF FLORIDA: MSC FL Loop, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C.") 2. Delaware (FBI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty llability) 725 Park Center Drive Matthews, NC 28105 (Street Address of Principal Office) 725 Park Center Drive Matthews, NC 28105 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cogency Global Inc. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassec Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (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.

Wesley G. Carter, Chief Financial Officer

725 Park Center Drive Matthews, NC 28105

Wesley G. Carter

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MSC FL LOOP, 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 FOURTEENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MSC FL LOOP, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JUNE, A.D. 2017.

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

Authentication: 202709655

Date: 06-14-17

6444367 8300 SR# 20174755448

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