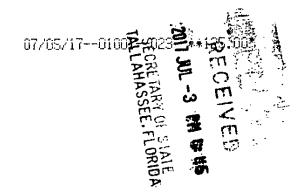
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COVER LETTER

то:		tion Section of Corporation	s				
SUBJI		ion PC LLC					
SUDJI	EC1		Name of L	imited Liability (Company		
						insact Business in Florida," Certifica company to transact business in Fl	
Please	return all co	orrespondence co	oncerning this matter to the f	following:			
		James P. Bick, J	lr.				
			Na	me of Person		·	
		Bick & Klstner	PC				
			Fir	m/Company			
		101 South Hanl	ey Road Suite 1280				
				Address			
		St. Louis, MO	63105				
	•		City/St	ate and Zip Code	-		
	ji	m@bick-kistner	.com				
	_		E-mail address: (to be used	for future annual	report not	ification)	
For fur	ther inform	ation concerning	this matter, please call:				
	David G	antt		314 at (401-11	16	
		Name of	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registrat P.O. Box	of Corporations ion Section 6327 ee, FL 32314			Division of Registrati Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclos		k for the followi 00 Filing Fee	ng amount: S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPILANCE 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:

If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida. The alternate name must include "Limit	ed Liability Company," "L.L.C." or "LLC.")
Delaware	, , , , , , , , , , , , , , , , , , ,	92 2010012	, and the second
	nich foreign limited liability company is organized)	J	I number, if applicable)
none to date			
·	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration.)	
705 San Antonio Aven	·	6. Therion PC LLC c/o	James P. Bick, Jr
(Street Address of F	· ·	(Mailin	g Address)
Coral Gables, FL 331	46	101 South Hanley Roa	d
	<u> </u>	St. Louis, MO 63105	
7. Name and street addres Name:	s of Florida registered agent: (P.O. Bo David Gantt	ox <u>NOT</u> acceptable)	ap code)
Office Address:	705 San Antonio Avenue		70 A
	Coral Gables	33146	
		FIORIDA SSITU	
Having been named as re lesignated in this applica o comply with the provisi	(City) tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prop ts of my position as registered agent.	of process for the above stated lin t as registered agent and agree to	nited liability company at the plac act in this capacity. I further ag
Having been named as re designated in this applica to comply with the provisi and accept the obligations	tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prop to of my position as registered agent. (Registered agen	(2. (2. (2. (2. (2. (2. (2. (2. (2. (2.	nited liability company at the place act in this capacity. I further aging my duties, and I am familiar with
designated in this applical comply with the provision accept the obligations	tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prop to of my position as registered agent.	(2. (2. (2. (2. (2. (2. (2. (2. (2. (2.	nited liability company at the place act in this capacity. I further aging my duties, and I am familiar with
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Having been named as redesignated in this applicate of comply with the provision accept the obligations. 8. The name, title or capa Title or Capacity: Member and Manage Member and Manage (Use attachments if necess). Attached is a certificate	tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the propers of my position as registered agent. (Registered agent ag	f process for the above stated ling as registered agent and agree to the and complete performance of the above authority to manage is/a Title or Capacity:	al having custody of records in the

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 "THERION PC 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-SEVENTH DAY OF JUNE, A.D. 2017.

LAYS SOLUTION OF THE PARTY OF T

6429435 8300

SR# 20174965383

Date: 06-27-17

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

Jeffrey W. Budlock, Secretary of State

Authentication: 202792046