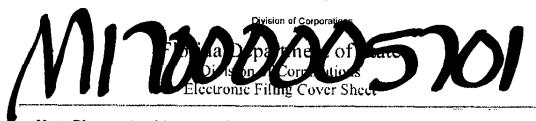
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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA0000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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	ter the email address for this business en annual report mailings. Enter only one en Email Address:	tity to be used mail address ple	for future ase.** 7550N 0		
E. FLORIDA	Foreign Limited Liability Company TCSC Acquisition, LLC				
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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 THATTED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, TCSC Acquisition, LLC	3		
(Name of Fore	ign Limited Liability Company; must include	"Limited Liability Company," "L L.C" or "L	LC ")
(If name unavailable, enter al Liability Company, "L.L.C,"	ternate name adopted for the purpose of transa	cting business in Florida. The alternate name	must include "Limited
Delaware	31	8-3844427	
(Jurisdiction under the law	of which foreign limited liability	(FEI numbor, it applicable)	
company is organized) upon filing			
4	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S	du, if prior to registration)	
5 6705 Red Road, Suite		to determine penany manny)	
5. 0705 Red Road, State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Coral Gables, FL 3314	3 (Street Address of Principal C	20150	9. 17
6705 Red Road, Suite 7	•	Jinee	17 JUL-5 AHII: 01 17 JUL-5 AHII: 01
d			
Coral Gables, FL 3314			N OF COK
	(Mailing Address)		OF COKPONATION
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	9 =
Name:	C T Corporation System		2 2
Office Address:	1200 South Pine Island Road		To The state of th
	Plantation	, Florida 33324	
	(City)	(Zip code)	
designated in this applica	gistered agent and to accept service of pr tion, I hereby accept the appointment as	registered agent and agree to act in this	capacity. I further agree
	ons of all statutes relative to the proper a my position as registered agent.	$\mathcal{L} = \mathcal{L}$	ina i um jumunur sein un
	By:	Chris Rickard	
	(Registered agen	t's signature)	
8. The name, title or care	acity and address of the person(s) who has	have authority to manage is/are:	
	am Smith, Managers - 200 Garrett Street.		
Edmund Feeley and Brian	n Michaud, Managers - 8 Sound Shore Dri	ive Suite 303 Greenwich, CT 06830	and the state of t
Anthony Romeo and Jare	z Azcuy, Managers - 6705 Red Road, Sui	te 700, Coral Gables, FL 33143	
jurisdiction under the law	of existence, no more than 90 days old, d of which it is organized. (If the certificate	uly authenticated by the official having cu is in a foreign language, a translation of t	the certificate under oath
of the translator must be s	lou of C	hauf	
	Signature of an auc	housed person	
This document is executed submitted in a document to	d in accordance with section 605 0203 (1) of the Department of State constitutes a thir	(b), Florida Statutes I am aware that any addegree felony as provided for in s.817.1	false information 55, F.S
	Jared Azouy		
	Typed or printed na	me of signee	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TCSC ACQUISITION, 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-NINTH DAY OF JUNE, A.D. 2017.

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

71-7

6421774 8300 CD# 2017F03169

SR# 20175031691
You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Mottace, Successary of State

Authentication: 202809334

Date: 06-29-17

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