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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 732517 4306349

AUTHORIZATION :

COST LIMIT : (\$\lambda_125.00 https://doi.org/10.000

ORDER DATE : July 19, 2017

ORDER TIME : 9:24 AM

ORDER NO. : 732517-005

CUSTOMER NO: 4306349

FOREIGN FILINGS

NAME: D5AI LLC

XXXX QUALIFICATION (TYPE: LL)

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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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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 POLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

anno mondiable artes alternate si	ame adopted for the purpose of transacting busines	s in Florida. The alternate	name east include "I instead i inc	biblity Company " "L.I. C " or "LLC.")
	air appres as the purpose of calculating comme			buny samples, to be a beauty
DE (Jurisdiction under the law of wh	hich foreign limited liability company is organized		(FEI num	ber, if applicable)
				
upon filing	(Date first transacted business in Florida, if	price to registration)		
	(See sections 605,0904 & 605,0905, F.S. to	determine penalty liability		
958 Versailles Circle, Maitland, FL 32751 (Street Address of Principal Office)		6. <u>958</u>	Versailles Circle, Mai	(land, FL 32/51
(Meet Mades) of			, ,	155
				<u>e</u> 😸
Nome and street address	ss of Florida registered agent: (P.O	Roy NOT acces	ntahle)	G 🛖
vame and <u>succe addres</u>	_	. Box <u>NOT</u> acce	naoie)	美五
Name:	Corporation Service Company		_	
Office Address:	1201 Hays Street			rest) T JUL TO AM 8: 37
O /// O / 14 a / 14 a /	Tallahassee		32301	Tr.
	(City)		, Florida 32301	le)
gistered agent's accep	tance:			
		7 /		
	By: (Registered	agent's signature)		Asst. Vice President
	(Registered	ALICENT'S SIGNATURE)		Asst. Vice President
· ·	(Registered acity and address of the person(s) v	who has/have autho		
Title or Capacity:	(Registered acity and address of the person(s) v Name and Address:	who has/have autho	ority to manage is/are: or Capacity:	Asst. Vice President Name and Address:
· ·	(Registered acity and address of the person(s) v Name and Address: James K. Baker	who has/have autho		
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Title or Capacity: Manager/CEO Jose attachments if neces Attached is a certificate	(Registered acity and address of the person(s) v Name and Address: James K. Baker 958 Versailles Circle Maitland, FL 32751 ssary) c of existence, no more than 90 days	who has/have author Title of	ticated by the official h	Name and Address:
Title or Capacity: Manager/CEO (se attachments if neces Attached is a certificate is diction under the law	(Registered actity and address of the person(s) vone and Address: James K. Baker 958 Versailles Circle Maitland, FL 32751 ssary) c of existence, no more than 90 days of which it is organized. (If the cer	who has/have author Title of	ticated by the official h	Name and Address:
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "D5AI 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 NINETEENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "D5AI LLC" WAS FORMED ON THE ELEVENTH DAY OF JULY, A.D. 2017.

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



Authentication: 202914490

Date: 07-19-17