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17 AUG 14 AM 9: 36

S. WARREN AUG 1 5 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 764796 15039778

AUTHORIZATION : (/\

COST LIMIT : \$ 160.00

ORDER DATE: August 11, 2017

ORDER TIME : 9:47 AM

ORDER NO. : 764796-005

CUSTOMER NO: 5039778

FOREIGN FILINGS

NAME: PASSCO PURE LIVING MT, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:		ation Section of Corporation	15							
SUBJE		ssco Pure Living	MT, LLC							
DODGE.	···		Name of I	imited Liability (Company	<u> </u>				
						nsact Business in Florida," Certificate of company to transact business in Florida				
Please re	eturn all	correspondence o	concerning this matter to the	following:						
		Amy Gianname	ore, Esq.							
		-	Na	ume of Person						
		DLA Piper (US	S) LLP							
		Firm/Company								
		4365 Executive Drive, Suite 1100								
		Address								
		San Diego, CA 92121								
			City/St	ate and Zip Code						
		amy.giannamore	@dlapiper.com							
	-		E-mail address: (to be used	for future annual	report noti	fication)				
For furth	her inform	nation concerning	g this matter, please call:							
Amy Giannamore			858 _ at (677-140	00					
		Name o	f Contact Person	Area Code	Dayt	time Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclosed		ck for the follow .00 Filing Fee	ing amount: \$\sum \\$130.00 \text{ Filing Fce & Certificate of Status}\$	☐ \$155.00 Filir Certified Copy	-	☐ \$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 BY SINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alte iability Company," "L.L.C," (Delaware (Jurisdiction under the law of company is organized) Upon filing	or "LLC.")		of transacting busi	ness in Florida. The	alternate name		
iability Company," "L.L.C," (Delaware (Jurisdiction under the law of company is organized)	or "LLC.")			ness in Florida. The a	alternate name		
(Jurisdiction under the law of company is organized)	f which foreign limited	liability	2			must inclu	de "Limite
company is organized)	f which foreign limited	liability	٥				
Upon filing				(FEI number, i	fapplicable)		
	(Date first transa (See sections 605.0	cted business 904 & 605.09	in Florida, if prio 205, F.S. to determ	r to registration.) nine penalty liability)			
2050 Main Street, Suite	650			<u> </u>			
Irvine, CA 92614							17
	·	Address of Pri	ncipal Office)			: -	AUG
2050 Main Street, Suite 6	650 				 -		<u>ල</u> -
Irvine, CA 92614							- -
		(Mailing Ad	ldress)				=
. Name and street address	of Florida registered	agent: (P,O	. Box NOT acc	eptable)			ب
Name:	Corporation Service	Сотралу					ဒ္ဌဇ
Office Address:	1201 Hays Street						
•	Tallahassee			, Florida 3230	1		
-	-	(City)			ip code)		
legistered agent's accepta <i>Iaving been named as regi</i>		accept servic	e of process for	the above stated li	imited liabili	ty compar	y at the p
esignated in this application							
o complywith the provision ceept the obligations of my	rs oj au statutes retat v position as register	ave to the pr ed agent.	oper ana comp	ete persormance o	-		
		Company	M		$^{-}$ M	lelissa Z	ender
	Ву:	(Register	ed agent's signatu	re)	Asst	. Vice P	residen
							· voiden
3. The name, title or capaci		: person(s) w	ho has/have aut	hority to manage is	/are:		
assco Management Servic	es, LP, sole member						
2050 Main Street, Suite 650	0						
rvine, CA 92614							
. Attached is a certificate our under the law of fithe translator must be sub	f which it is organized						
-		Signature of	f an authorized pe	rson			
		~	•				
his document is executed in a document to the control of the contr							mation

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 "PASSCO PURE LIVING MT, 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 NINTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PASSCO PURE LIVING MT, LLC" WAS FORMED ON THE EIGHTH DAY OF AUGUST, A.D. 2017.

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

Authentication: 203026668

Date: 08-09-17

6505554 8300 SR# 20175639215