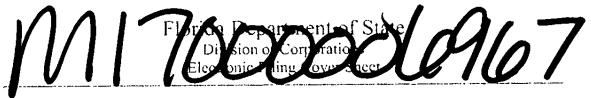
Division of Corporations



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## COVER LETTER

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cup inch	SLB ACQUISITIO	NS LLC						
SUBJECT		Name of Limited Liability Company						
The enclos Existence,	sed "Application by For and check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorizat need foreign limite	ion to Trai ed liability	rsact Busine company to	ss in Florida transact bus	ı," Cert siness i	ificate of n Florida
Please retu	im all correspondence c	oncerning this matter to the f	following:					
	GROVER B. D	AVIS						
		Na	me of Person				_	
	MCCLURE M	CCLURE & DAVIS						
		Pi	ті/Сопіралу				_	
	235 N. DELAV	VARE STREET						
			Address				_	
	INDIANAPOL	.IS, IN 46204				4		
		City/St	nte and Zip Code			150	7110	
	GBDAVIS@GH					上流	1	FILED
	:	E-mail address: (to be used	for future annual	report noti	ification)			Γ-
For furthe	r intormation concernin	g this matter, please call:				mi, J	<u>_</u>	П
	GROVER B. DAVIS		317 _at {	221-080	00		> ප	Ō
-	Name o	of Contact Person	Area Code	Day	time Teleph	one Number		
] } !	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassec, FL 32314	s.		Division ( Registrati Clifton B 2661 Exe	ADDRESS of Corporati ion Section uilding cutive Cente ee, FL 3230	S: ions er Circle	.>	
	is a check for the follow I \$125.00 Filing Fee	ving amount:  © \$130.00 Filing Fee &  Certificate of Status	S155.00 Fille Certified Copy	g Fee &		0 Filing Fee. & Certified (		icate

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

EV COMPLIANCE WITH SECTION 605.000 COMPANY TO TRANSACT BUSINESS IN T	DZ, FLORIDA STATUTES, THE FOLLOS THE STATE OF FLORIDA:	YING IS SURMITTED TO REGISTER A F	YORFKIN TIMITFO	IJARII ITY
, SLB ACQUISITIONS LLC				
(Name of Foreign Limited	Liability Company; must include "List	nted Liability Company," "L.L.C.," or "	1.LC.")	
		ılı.		
(If name unavailable, enter alternate name Liability Company," "L.L.C," or "LL.C.")	adopted for the purpose of transacting	g business in Florida. The alternate name	e must include "Lim	ited
2. DELAWARE		(FEI number, if applicable)		
(Jurisdiction under the law of which for company is organized)	eign limited liability	(FEI number, 11 applicable)		
AFTER REGISTRATION			_	
(1)-	te first transacted business in Florida, i ections 605.0904 & 605.0905, F.S. to	f prior to registration.) letermine penalty liability)		
5. 235 N. DELAWARE STREET			<u>-</u>	
INDIANAPOLIS, IN 46204			_	
	(Street Address of Principal Offic	c)	5,, ~	
6. 235 N. DELAWARE STREET	<u>.</u>			
INDIANAPOLIS, IN 46204			AHA CRET	
;	(Mailing Address)			
7. Name and street address of Florida	a registered agent: (P.O. Box <u>NO</u>	Lacceptable)	388 787 11	П
	oration System			
Office Address: 1200 So	uth Pine Island Road		- 55. 50. 50.	
Plantatio	n	, Florida 33324 (Zip code)	<b>三</b> 克田 32	
	(City)	(Zip code)		
Registered agent's neceptance: Having been named as registered ag designated in this application, I here to complywith the provisions of all s accept the obligations of my position By:	thy accept the appointment as regi- tatutes relative to the proper and c t as registered agent.	istered agent and agree to act in the complete performance of my duties Jennifer Quinn, Asst. Secr	is capacity. Tjurii i, and I am fainilla	er agree
- <del></del>	(Registered agent's s	gnature)		
8. The name, title or capacity and ac MARSHALL WELTON, MANAGE		e authority to manage is/are:		
235 N. DELAWARE STREET			<del></del>	
INDIANAPOLIS, IN 46204				
9. Attached is a certificate of existent jurisdiction under the law of which it of the translator must be submitted)	some of an authorical series of authorical	n is foreign language, a translation of	custody of records f the certificate und	in the der oath
This document is executed in accord submitted in a document to the Department to the	ance with section 605.0203 (1) (b), rement of State constitutes a third do	DAVIS	y false information 7.155, F.S.	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SLB ACQUISITIONS 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 AUGUST, A.D. 2017.

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

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

6239566 8300

SR# 20175714184

Authentication: 203055576

Date: 08-14-17