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PICK-UP	☐ WAIT	MAIL		
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17 SEP 13 AH 9: 10 DIVISION OF CONTOURS INCHES

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17 SEP 13 AM IB) 54

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 803720 4308508

AUTHORIZATION : Cost Limit : \$ 130.00

ORDER DATE : September 8, 2017

ORDER TIME : 12:11 PM

ORDER NO. : 803720-005 CUSTOMER NO: 4308508

FOREIGN FILINGS

NAME: GS SATORI, LLC

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

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

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. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name univariable, enter alternal	te name adopted for the purpose of transacting	business in Florida. The altern	ate name must include "Limited Liz	helity Commany ""L.1 C " or "LI ("")
2 Delaware	te maine adopted for the propose of databasedig		are there than the track that the	only company, Date, or Day,
	f which foreign limited liability company is org		(FEI num	ber, if applicable)
4	(Date first transacted business in Flo	rida, if prior to registration)		·
5000 C ' D I	(See sections 605 0904 & 605 0905,	, F.S. to determine penalty liabi	lity)	
5. 5800 Granite Parkwi	ay of Principal Office)	6	(Mailing Ade	iress)
Suite 1000				3 7
Plano, TX 75024			·	SER
				17 SEP 13 AH 9: 10
7. Name and street add	ress of Florida registered agent:	(P.O. Box NOT acco	eptable)	; [7
NI	Corporation Service Compa	nnv		# 9.10
Name:		····	· ····	9
Office Address	s: 1201 Hays Street			<u> </u>
	Tallahassee		, Florida 32301	ζ·
Registered agent's acc		'dy)	(Zip cox	le i
	Corporation Service Comp	nanv 🔼 🗸 🦯	/ //	4
	By: (Reg apacity and address of the person	n(s) who has/have aut		Asst. Vice President
Title or Capacity:	By: (Reg apacity and address of the person Name and Address	n(s) who has/have aut	hority to manage is/are:	Asst. Vice President Name and Address:
Title or Capacity: Senior Legal Coun	By: (Reg spacity and address of the person Name and Addres sel Kevin Satter	nistered agent's signature) (s) who has/have autles: Title		
Title or Capacity:	By: (Reg apacity and address of the person Name and Address	nistered agent's signature) (s) who has/have autles: Title		
Title or Capacity: Senior Legal Coun	By: (Reg spacity and address of the person Name and Addres sel Kevin Satter 5800 Granite Parkway.	nistered agent's signature) (s) who has/have autles: Title		
Title or Capacity: Senior Legal Coun	By: (Reg spacity and address of the person Name and Addres sel Kevin Satter 5800 Granite Parkway.	nistered agent's signature) (s) who has/have autles: Title		
Title or Capacity: Senior Legal Coun	By: (Reg spacity and address of the person Name and Addres sel Kevin Satter 5800 Granite Parkway.	nistered agent's signature) (s) who has/have autles: Title		
Title or Capacity: Senior Legal Coun and Secretary	By: Apacity and address of the person Name and Address Sel Kevin Satter 5800 Granite Parkway, 1 Plano, TX 75024	nistered agent's signature) (s) who has/have autles: Title		
Title or Capacity: Senior Legal Counand Secretary (Use attachments if nee	apacity and address of the person Name and Address Sel Kevin Satter 5800 Granite Parkway, 1 Plano, TX 75024	n(s) who has/have authss: Title	or Capacity:	Name and Address:
Title or Capacity: Senior Legal Counand Secretary (Use attachments if nec.) Attached is a certifical	By: Apacity and address of the person Name and Address Sel Kevin Satter 5800 Granite Parkway, 1 Plano, TX 75024 Seessary) Attention of existence, no more than 90 w of which it is organized. (If the	n(s) who has/have authors: Title Suite 1000	or Capacity:	Name and Address:
Title or Capacity: Senior Legal Counand Secretary (Use attachments if necessary) 4. Attached is a certification under the large of the translator must be to the translator must be the translator must be to the translator must be the tra	By: Apacity and address of the person Name and Address Sel Kevin Satter 5800 Granite Parkway, 1 Plano, TX 75024 Seessary) Attention of existence, no more than 90 w of which it is organized. (If the	on 605.0203 (1) (b), Flatitutes a third degree	or Capacity: nticated by the official have been language, a translatorida Statutes. I am awas felony as provided for in	Name and Address: aving custody of records in the ion of the certificate under oath re that any false information
Title or Capacity: Senior Legal Counand Secretary (Use attachments if necessary) 4. Attached is a certification under the large of the translator must be to the translator must be the translator must be to the translator must be the tra	By: Apacity and address of the person Name and Address Sel Kevin Satter 5800 Granite Parkway, Plano, TX 75024 Plano, TX 75024 ressary) Inte of existence, no more than 90 w of which it is organized. (If the submitted) ecuted in accordance with section	days old, duly auther e certificate is in a for stitutes a third degree (or Capacity: nticated by the official have been been been been been been been be	Name and Address: aving custody of records in the ion of the certificate under oath re that any false information
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Page 1



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

DELAWARE, DO HEREBY CERTIFY "GS SATORI, 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GS SATORI, LLC"
WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2017.

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

Authentication: 203151691

Date: 08-31-17

6521387 8300 SR# 20175975311