## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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To :

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845) 425-0077 Fax Number : (845) 818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: 픓 Foreign Limited Liability Company ICBP IV Holdings 15, LLC Certificate of Status 0 Certified Copy

01 Page Count \$125.00 Estimated Charge

S. WARREN

"HAR 1 6 2018

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## H18000079522 3

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

	Limited Liability Company; must include "Limited	Liability Company, "L.L.C.," or "LLC.")	
	ame adopted for the purpose of transacting business in Flori	J. The barrier of annual high de Million of high His	ny Commany ""1   C" or "I
2 Delaware	are adopted to the partors of a transferring onsucess at those	•	
(Juradiction under the law of wh	uch foreign hinded liability company is organized;	3. (FE) number.	il'applicable)
4 Upon Filing		2	
4, 4,	(Date first transacted business in Florida, if prior to re (See seculous 605,0904 & 605,0905, F.S. to determine	gistration)	<b></b>
1 Suisome Street, Suite 1500			
(Succe Address of Frincipal Office)		6. I Sansome Street, Suite 1500 (Mailing Address	) <u> </u>
San Francisco, CA 941	04	San Francisco, CA 94104	
	<del></del>	·	FY (1)
	1171 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NOT managed blad	ا را نشر
7. Name and street address of Florida registered agent: (P.O. Box		NOT acceptable)	S 7
Name:	Veorp Services, LLC	<del></del>	렇다
Office Address:	5011 South State Road 7, Suite 106		
,	Davic	, Florida 33314	
	(City)	(Zip code)	
	- CASA-1		a day and all
	(Repatered agent's	ignature)	
8. The name, title or capa Title or Capacity:	acity and address of the person(s) who ha	s/have authority to manage is/are: Title et Capacity:	Name and Address
	ncity and address of the person(s) who ha  Name and Address:  IC Berkeley Partners IV (OP), L.P.	Shave authority to manage is/are: Title er Capacity:	Name and Address
Title or Capacity:	Name and Address:  IC Berkeley Partners IV (OP), L.P.  I Sansome Street, Suite 1500	Title or Capacity:	Name and Address
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## elaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICBP IV HOLDINGS 15, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DECAWARE 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 MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICBP IV HOLDINGS 15, LLC" WAS FORMED ON THE EIGHTH DAY OF MARCH, A.D. 2018.

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

23.5

6788361 8300 SR# 20181827718

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

Authentication: 202293702

Date: 03-09-18