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

IN COMPUNICE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED DABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware [Description under the law of which foreign limited liability company is equatived.] [Date first instruction does from the section of \$5000 ft. \$0.000 ft. \$0.0000 ft. \$0.0000 f	name anavailable, enter alternat	name adopted for the purpose of transacting business in Flo	rida. The alternate name must me	lude "Limited Lia	bility Company," "L.1, C," or "Lt.	C")
(PEl munber, if applicable) O2/01/2018 (Date lists transacted business in Floods, if prote to registration; (See sections 605,0004 & 605,0005, F.S. to determine penalty fability) 4700 Wilshire Boulevard (Street Address of Florida registered agent: (P.O. Box NOT acceptable) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paracorp Incorporated Office Address: 155 Office Plaza Drive, 1st Floor Tallahassee (City)		, , , , , , , , , , , , , , , , , , , ,				
(Date first transacted business in Floords, il pine to registrative) 4700 Wilshire Boulevard (Street Address of Principal Office) Los Angeles, CA 90010 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paracorp Incorporated Office Address: 155 Office Plaza Drive, 1st Floor Tallahassee (City) (Ci		which foreign limited liability company is organized)	J	(FEI muni	ber, if applicable)	•
Angeles (Sirea Address of Pincipal Office) Los Angeles, CA 90010 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paracorp Incorporated Office Address: 155 Office Plaza Drive, 1st Floor Tallahassee (City) (Cit	02/01/2018					
(Street Address of Pincipal Office) Los Angeles, CA 90010 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paracorp Incorporated Office Address: 155 Office Plaza Drive, 1st Floor Tallahassee , Florida 32301 (City)		(Date lirst transacted business in Florida, il piner to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) inc penalty liability)			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paracorp Incorporated Office Address: 155 Office Plaza Drive, 1st Floor Tallahassee , Florida 32301 (City) Signated agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the plastignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will duccept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Agents signature CCA Acquisitions, LLC 4700 Wilshire Boulevard Los Angeles. CA 90010			6			
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). This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ibmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	faving been named as a exignated in this applicated in this applicated in this application of the province of the application. The name, title or capacity: Manager Use attachments if neces attached is a certificate risdiction under the law the translator must be successful. This document is executed.	ptance: registered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. Millian (Registered agent's separate and address of the person(s) who has a Name and Address: CCA Acquisitions, LLC 4700 Wilshire Boulevard Los Angeles. CA 90010 sessary) e of existence, no more than 90 days old, defor which it is organized. (If the certificate submitted)	strocess for the above started and complete performance of the state o	ated limited agree to act ance of my of age is/are:	Name and Addressing custody of records in the certificate under that any false information	an the

Typed or printed name of signer

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CCO STAFFING, 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 EIGHTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CCO STAFFING, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 202116142

Date: 02-08-18

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