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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 133508 4304335

AUTHORIZATION :

COST LIMIT : 125466 Rac

ORDER DATE: March 26, 2018

ORDER TIME : 9:43 AM

ORDER NO. : 133508-020

CUSTOMER NO: 4304335

FOREIGN FILINGS

NAME: COMVEST GROUP GP LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

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 LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liabi	lity Company," "LLC,"	or "LLC	. ")
2. Delaware		3. 27-0610668			
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI numbe	r, if applicable)		
4.		•			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ne penalty liability)			
5. CityPlace Tower		6. CityPlace Tower			
(Street Address of	•	(Mailing Addre	,		
525 Okeechobee Boulevard, Suite 1050		525 Okeechobee Boulevard,	-	-23	
West Palm Beach, FL	33401	West Palm Beach, FL 33401	- C #		****
			풀띑	Z	VICTOR
7. Name and street address of Florida registered agent: (P.O. Box		NOT acceptable)	SS	,	e lacino
Name:	Corporation Service Company		60 <u>64</u>	30	Same last
O.C	1201 Hays Street			Ä	Factories:
Office Address:			第二	Ď.	t.,
	Tallahassee (City)	, Florida 32301 (Zip code)	D	ũ	
	ions of all statutes relative to the proper is of my position as registered agent.	e Quenu	uties, and I am f Roxan A sst. V ic	ne Tu	<i>r with</i> Irner
and accept the obligation		and complete performance of my d	Roxan	ne Tu e Pre	<i>r with</i> Irner
and accept the obligation 8. The name, title or capa	acity and address of the person(s) who ha Name and Address: Cecilio M. Rodriguez	and complete performance of my designature) s/have authority to manage is/are: Title or Capacity:	Roxan Asst. Vic	ne Tu e Pre	<i>r</i> with Irner
8. The name, title or cap:	(Registered agent's sacity and address of the person(s) who ha	and complete performance of my designature) s/have authority to manage is/are: Title or Capacity:	Roxan Asst. Vic	ne Tu e Pre	<i>r</i> with Irner
8. The name, title or cap:	acity and address of the person(s) who ha Name and Address: Cecilio M. Rodriguez 525 Okeechobee Blvd, Ste 1050	and complete performance of my designature) s/have authority to manage is/are: Title or Capacity:	Roxan Asst. Vic	ne Tu e Pre	<i>r</i> with Irner
8. The name, title or caparity: CFO	(Registered agent) acity and address of the person(s) who ha Name and Address: Cecilio M. Rodriguez 525 Okeechobee Blvd, Ste 1050 West Palm Beach, FL 33401	and complete performance of my designature) s/have authority to manage is/are: Title or Capacity:	Roxan Asst. Vic	ne Tu e Pre	<i>r</i> with Irner
8. The name, title or cape Title or Capacity: CFO (Use attachments if neces) 9. Attached is a certificate purisdiction under the law	(Registered agent. (Registered agent) acity and address of the person(s) who ha Name and Address: Cecilio M. Rodriguez 525 Okeechobee Blvd, Ste 1050 West Palm Beach, FL 33401 issary) to of existence, no more than 90 days old, of which it is organized. (If the certificate	and complete performance of my designature) s/have authority to manage is/are: Title or Capacity: duly authenticated by the official have	Roxan Asst. Vic	ne Tu	r with irner esiden
8. The name, title or cape Title or Capacity: CFO (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be so	Registered agent. (Registered agent) (Regist	duly authenticated by the official have is in a foreign language, a translation of the control o	Name and Add	iress:	in the
8. The name, title or cape Title or Capacity: CFO (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s: 10. This document is executed.	Registered agent. (Registered agent) (Registered agent) acity and address of the person(s) who ha Name and Address: Cecilio M. Rodriguez 525 Okeechobee Blvd, Ste 1050 West Palm Beach, FL 33401 (Ste 1050 West Palm Beach, FL 33401 (If the certificate ubmitted) (Steed in accordance with section 605.0203	duly authenticated by the official have is in a foreign language, a translation of the control o	Name and Add	iress:	in the
8. The name, title or cape Title or Capacity: CFO (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s: 10. This document is executed.	Registered agent. (Registered agent) (Regist	duly authenticated by the official have is in a foreign language, a translation of an authorized person	Name and Add	iress:	in the

Page 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMVEST GROUP GP 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 FIFTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMVEST GROUP GP LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2009.

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

Authentication: 202455446

Date: 04-05-18

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