Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

: (850) 617-6383 Fax Number

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 (614)280-3338 Phone (954) 208-0845 Fax Number

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

Email Address:

Foreign Limited Liability Company Orbis Data Solutions, LLC

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JUN 0 1 2018

	2018-05-	-30 16 39:48 CST	1954	2080845 From	; Ranae I
APPLICATION BY FO	OREIGN LIMITED LIABILITY C	COMPANY FOR AUTHORIZ FLORIDA	LATION TO TI	RANSACT BU	SINESS
	THON 605.0002, FLORIDA STATUTES, TH ISINESS IN THE STATE OF FLORIDA:	IE FOLLOWING IS SUBMITTED TO	O REGISTUR A PO	REIGN LIMITEI.	ד ו ועואנו (
1. 00615	Data Solutions	LLC			
(Name of Foreign	Limited Liability Company, must include "I	muted Liability Company, " L.L.C., " C	or "LLC,")		_ ,
(If name unavailable, enter alternate in	came adopted for the purpose of importing business	in Florida. The alters six mane must include "	Limited Limbility Comp	any," "LLC," or "11	
2. (An isolation maker the law of w	hach foreign firmled flebulary company is segmined)	3. de-1	(Fill number, if applie	cable)	-
4	·			·	. •
	(Date first transacted business in Florids, if pri (See accious 605,0904 & 605,0905, F.S. to de	icr to registration.) etermine peanly lightery)		•	·
5. 300 Unic	corn Vark Dr.	6.	Initing Address)		Î
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•	ss of Florida registered agent: (P.O. I	Box NOT acceptable)). 2	A A	";
Name:	C T Corporation System		, ,	$\frac{1}{2}$ $\frac{1}{2}$	
Office Address:	1200 South Pine Island Road		; ;		1 1
	Plantation (Coty)	, Florida 33.		무를	
•			(Zip code)	25 	
Registered agent's accep	tance:			쓸걸 ㅡ .	_
Having been named as re designated in this applica to comply with the provisi	stance: syistered agent and to accept sarvica tion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent.	nt as registerest agent and agre oper and comp "te performance" 	e to act in this c	apacity. I furt	her agree
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of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



The Gommonweal of Massachusetts Secretary of the Commonwealth State Rouse, Boston, Massachusetts 02188

May 29, 2018

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

ORBIS DATA SOLUTIONS, LLC

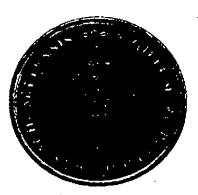
in accordance with the provisions of Massachusetts General Laws Chapter 156C on February 5, 2008.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: STEVEN CAMBRIA

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: STEVEN CAMBRIA, RONALD NORTON, MATTHEW GARCEAU

The names of all persons authorized to act with respect to real property listed in the most recent filing are: MATTHEW E. GARCEAU, STEVEN CAMBRIA, RONALD J. NORTON



In testimony of which,

I have hereur to affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Processed By:KMT