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Marie T. Zacny

(313) 465-7234 Fax: (313) 465-7235 mzacny@honigman.com

Honigman Miller Schwartz and Cohn LLP Attorneys and Counselors

Via Federal Express

July 12, 2018

Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: SMS OpCo, LLC

Dear Sir/Madam:

Enclosed for filing in duplicate is the Application for Authorization to Transact Business in Florida for SMS OpCo, LLC, along with a Delaware good standing and our check in the amount of \$125.00 in payment of the filing fee.

Please return a file-stamped copy of the Application to me in the enclosed Federal Express envelope.

Thank you for your prompt assistance in this matter.

Very truly yours.

Marie J. Jacony

HONIGMAN MILLER SCHWARTZ AND COHN LLP 1

Marie T. Zachy

Paralegal

Enclosures

COVER LETTER

Registration Section Division of Corporations

TO:

CUDICT.	SMS OpCo, LLC						
SUBJECT:		Name of l	imited Liability (Company		-	
The enclosed Existence, ar	d "Application by For ad check are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza	tion to Tra ed liability	nsact Business in Florida, reompany to transact busi	" Certifica iness in Fl	ate of orida.
Please return	all correspondence c	oncerning this matter to the	following:				
	Marie T. Zacny	, Paralegal					
		Na	ame of Person		<u> </u>	_	
•	Honigman Miller Schwartz and Cohn LLP						
		Fi	rm/Company			_	
	660 Woodward	Avenue, 2290 First Nationa	l Building				
			Address				
	Detroit, MI 48	226				, <u>.</u>	
		City/Si	ate and Zip Code			1 - 2	1
	mzacny@honign					_ :J	ı - İ
		E-mail address: (to be used	l for future annual	report not	ification)	(1)	' ., '
For further i	nformation concernin	g this matter, please call:					
Ма	arie T. Zacny		313 _at (465-72	34		
	Name o	t Contact Person	Area Code	Day	time Telephone Number	_	
Div Re _k P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding ceutive Center Circle ee, Fl. 32301		
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Of Status & Certified Co		

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		• • •	
same unavailable, enter alternate na	me adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
Delaware		3. 82-5467906	
(Jurisdiction under the law of wh	ich foreign lutted liability company is organized)	(FEI r	number, if applicable)
May 31, 2018			
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) ne penalty liability)	
6270 Morning Star Dri		6. 6270 Morning Star Driv	
(Street Address of P The Colony, TX 75056	· ·	(Mailing The Colony, TX 75056	·
The Colony, 177 75050	<u> </u>		<u> </u>
			r 3
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	* 3 * 3 * 4
Name:	Corporation Service Company	 	
Office Address:	1201 Hays Street		· _ ·
			•
	Tallahassee	practur 32301	3-
aving been named as re signated in this applica	Tallahassee (City) tance: egistered agent and to accept service of parties, I hereby accept the appointment accept solutions of all statutes relative to the proper	process for the above stated lim. s registered agent and agree to	act in this capacity. Laurther
aving been named as re signated in this applica comply with the provis	(City) tance: egistered agent and to accept service of parties, I hereby accept the appointment a	in process for the above stated lim. Is registered agent and agree to	ited liability company at the place in this capacity. I further my duties, and I am familiar we Paul Gottlieb
aving been named as re signated in this applica comply with the provis	(City) Itance: Itagistered agent and to accept service of parties, I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company	process for the above stated lim. s registered agent and agree to and complete performance of the state of th	ited liability company at the pl act in this capacity. I further t my duties, and I ant familiar w
aving been named as resignated in this application comply with the provisit accept the obligation. The name, title or capa	(City) Itance: Itan	process for the above stated limits registered agent and agree to and complete performance of the signature)	ited liability company at the plact in this capacity. I further my duties, and I am familiar was Paul Gottlieb Vice President
aving been named as resignated in this application comply with the provising accept the obligation	(City) Itance: Tagistered agent and to accept service of parties, I hereby accept the appointment attions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: (Registered agent)	process for the above stated lims registered agent and agree to and complete performance of the signature)	ited liability company at the plact in this capacity. Ligarther my duties, and I am familiar was Paul Gottlieb Vice President
aving been named as resignated in this application comply with the provisit accept the obligation. The name, title or capa	cance: registered agent and to accept service of partial properties of all statutes relative to the property of my position as registered agent. Corporation Service Company By: (Registered agent) Accity and address of the person(s) who has a Name and Address: Scott Hauncher	process for the above stated limits registered agent and agree to and complete performance of the signature)	ited liability company at the plact in this capacity. I further my duties, and I am familiar was Paul Gottlieb Vice President Name and Address: John Higgins
aving been named as resignated in this application comply with the provising accept the obligation. The name, title or capa Title or Capacity:	cance: Ingistered agent and to accept service of partial properties of all statutes relative to the properties of my position as registered agent. Corporation Service Company By: (Registered agent) Accity and address of the person(s) who has a new many many many many many many many many	process for the above stated limes registered agent and agree to and complete performance of the signature) as/have authority to manage is/ar Title or Capacity:	Paul Gottlieb Wice President Name and Address: John Higgins 500 Griswold, Suite 270
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aving been named as resignated in this application comply with the provised accept the obligation. The name, title or capatitle or Capacity: Manager	citance: registered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: (Registered agent's active and address of the person(s) who have a have a hard address: Scott Hauncher 500 Griswold, Suite 2700 Detroit, MI 48226 Matthew Lacki 500 Griswold, Suite 2700	process for the above stated limes registered agent and agree to and complete performance of the signature) as/have authority to manage is/ar Title or Capacity:	Paul Gottlieb Wice President Name and Address: John Higgins 500 Griswold, Suite 270
aving been named as resignated in this application comply with the provised accept the obligation. The name, title or capatitle or Capacity: Manager	citance: registered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: (Registered agent's active and address of the person(s) who have a not address: Scott Hauncher 500 Griswold, Suite 2700 Detroit, MI 48226 Matthew Lacki	process for the above stated limes registered agent and agree to and complete performance of the signature) as/have authority to manage is/ar Title or Capacity:	Paul Gottlieb Wice President Name and Address: John Higgins 500 Griswold, Suite 270
aving been named as resignated in this application comply with the provision accept the obligation. The name, title or capatitle or Capacity: Manager Manager	citance: registered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: (Registered agent's active and address of the person(s) who have a service and Address: Scott Hauncher 500 Griswold, Suite 2700 Detroit, M1 48226 Matthew Lacki 500 Griswold, Suite 2700 Detroit, M1 48226	process for the above stated limes registered agent and agree to and complete performance of the signature) as/have authority to manage is/ar Title or Capacity:	Paul Gottlieb Wice President Name and Address: John Higgins 500 Griswold, Suite 270
aving been named as resignated in this application comply with the provisand accept the obligation. The name, title or capatite or Capacity: Manager Manager Use attachments if necess. Attached is a certificate	citance: registered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: (Registered agent's active and address of the person(s) who have a not address: Scott Hauncher 500 Griswold, Suite 2700 Detroit, MI 48226 Matthew Lacki 500 Griswold, Suite 2700 Detroit, MI 48226 ssary) e of existence, no more than 90 days old.	process for the above stated limes registered agent and agree to and complete performance of the signature) as/have authority to manage is/ar Title or Capacity: Manager duly authenticated by the official	Paul Gottlieb Vice President Name and Address: John Higgins 500 Griswold, Suite 270 Detroit, MI 48226
esignated in this application comply with the provising accept the obligation. The name, title or capatitle or Capacity: Manager Manager Use attachments if necess.	citance: Ingistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: (Registered agent) And address of the person(s) who have a service and Address: Scott Hauncher 500 Griswold, Suite 2700 Detroit, MI 48226 Matthew Lacki 500 Griswold, Suite 2700 Detroit, MI 48226 Ssary) The of existence, no more than 90 days old, of which it is organized. (If the certifical	process for the above stated limes registered agent and agree to and complete performance of the signature) as/have authority to manage is/ar Title or Capacity: Manager duly authenticated by the official	Paul Gottlieb Vice President Name and Address: John Higgins 500 Griswold, Suite 270 Detroit, MI 48226

Typed or printed name of signee

Marie T. Zacny

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SMS OPCO, 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 ELEVENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMS OPCO, LLC"

WAS FORMED ON THE FOURTH DAY OF MAY, A.D. 2018.

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

Authentication: 203046166

Date: 07-11-18

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