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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 326711 66032A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : July 31, 2018

ORDER TIME : 10:36 AM

ORDER NO. : 326711-005

CUSTOMER NO: 66032A

FOREIGN FILINGS

NAME: OCM SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

. 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:

∠.		ame adopted for the purpose of transacting business in l	Compared to the Compared to th		," or "LLC.")
	aware		3.		
(Jun	isdiction under the law of w	hich foreign limited liability company is organized)	(FEI:	number, if applicable)	
1					
		(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration.)		
: 127	700 General Drive	(6. 12700 General Drive		
·	(Street Address of Principal Office)		6. (Mailing Address)		
Cha	arlotte, NC 28273		Charlotte, NC 28273		
			 	7.2	2
				- - 5	h
1. Nan	ne and <u>street addres</u>	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)		= =
	Name:	Corporation Service Company		(3) <u>-</u>	ა . -
	Name.		·	류 약한년 _	n
	Office Address:	1201 Hays Street	 -		,
					.) '
		Tallahassee	Florida 32301	# <u>*</u>	<u>~</u>
laving esigna comp	ated in this applicat ply with the provisi	(City)	f process for the above stated limit as registered agent and agree to a	ted liability company act in this capacity. By duties, and I am J	I further ag amiliar witt umer
laving Jesigna o comp	g been named as re ated in this applica ply with the provisi	(City) lance: gistered agent and to accept service of lion, I hereby accept the appointment ons of all statutes relative to the prope of my position as registered agent.	(Zip) I process for the above stated liming as registered agent and agree to a corrupte performance of meaning the complete performance o	ted liability company act in this capacity, my duties, and I am J	v at the plac I further ag amiliar with
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Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "OCM SOLUTIONS, 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 THIRTY-FIRST DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OCM SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2018.

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

A CONTRACTOR OF THE PARTY OF TH

Authentication: 203158354

Date: 07-31-18