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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: 12000000195
REFERENCE	: 397429 7974866
AUTHORIZATION	Charles of a se
COST LIMIT	: \$ 125.00
ORDER DATE : September 19, 201	8
ORDER TIME : 5:18 PM	र ्गे ।
ORDER NO. : 397429-010	
CUSTOMER NO: 7974866	⊕ 10
	<u> </u>
FOREIGN FI	LINGS C
	_
NAME: EMG RIVERVIEW	MTP, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	NDING

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

COVER LETTER

TO:	Registration Se Division of Co						
SUBJI		rview MTP, LLC					
30201		Name	of Limited Liability	Company			
The en Exister	closed "Applicationce, and check are	on by Foreign Limited Liability Co submitted to register the above rel	ompany for Authoriza ferenced foreign limi	ition to Tr ted liabilit	ansact Business in Florid y company to transact bu	a," Certifi siness in l	icate o: Florida
Please	return all correspo	ondence concerning this matter to t	the following:				
	J. Chri	stopher Hall, President					
		<u> </u>	Name of Person			_	
	Equita	s Management Group, LLC					
		· · · · · · · · · · · · · · · · · · ·	Firm/Company				
	2034 F	Hamilton Place Blvd., Suite 400				۲ <i>۵</i>	
	Address					—. <u>;</u>	
	Chatta	nooga, TN 37421				C 0.2	
		City	/State and Zip Code			- ⇒	
	chris.l	hall@equitasmg.com				_> _∺	
		E-mail address: (to be u	sed for future annual	report no	tification)	_0.	
For fur	ther information co	oncerning this matter, please call:				_	
	J. Christopher H	lati	423 at (490-32	86		
		Name of Contact Person	Area Code	Day	rtime Telephone Number	_	
	MAILING ADDRESS:STREFT ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						
Enclose	ed is a check for th	e following amount: g Fee	☐ \$155.00 Filin Certified Copy	g Fcc &	☐ \$160.00 Filing Fee, of Status & Certified C		.c

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

IN COMPILANCE 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:

(If name quavailable, enter alternate	name adopted for the purpose of transacting business in Fle	orida. The alternate name must include "Limites	d Liabitity Company," "L.L.C.	" or "LLC.")
2 Delaware		3 83-1949994		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	shich foreign limited liability company is organized)	(FEI number, if applicable)		
4 No prior business tran	nsacted			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) inc penalty liability)		
5. 2034 Hamilton Place		6. 2034 Hamilton Place B	lvd., Suite 400	
(Street Address of Principal Office) Chattanooga, TN 37421		(Mailing Chattanooga, TN 37421	Addressi	
Chartanooga, TV 577.		Chartenboga, 117 37421		
7. Name and street addre	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)		
	1201 Hays Street	<u></u>		
Office Address:	1201 Hays Street	***	10. 1	.
	Tallahassee	, Florida <u>32301</u>		
designated in this applicate comply with the provis	egistered agent and to accept service of pation. I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent.	Cip process for the above stated liming s registered agent and agree to g and complete performance of t	act in this capacity.	I further agre familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or cap	otance: egistered agent and to accept service of pation. I hereby accept the appointment a ions of all statutes relative to the proper as of my position as registered agent. Corporation Service Company By: (Registered agent's acity and address of the person(s) who have	process for the above stated limits registered agent and agree to and complete performance of the Emily Craffiants. Asst. Vice Presidents authority to manage is/ar	ited liability compan act in this capacity. my duties, and I am oft	I further agre familiar with
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Typed or printed name of signee

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

ITEM #8

<u>Title or Capacity:</u>	Name and Address:
Chairman	Jolley, James H. 2034 Hamilton Place Blvd Suite 400 Chattanooga, TN 37421
CEO	Odom, Burt 2034 Hamilton Place Blvd Suite 400 Chattanooga, TN 37421
CFO	Coughran, Steve 2034 Hamilton Place Blvd Suite 400 Chattanooga, TN 37421
President	Hall, J Christopher 2034 Hamilton Place Blvd Suite 400 Chattanooga, TN 37421
Executive VP	Potter, John D. 2034 Hamilton Place Blvd Suite 400 Chattanooga, TN 37421
Senior VP	Smith, Drew H. 2034 Hamilton Place Blvd Suite 400 Chattanooga, TN 37421
VP	Vachon, Jr., Reggie 2034 Hamilton Place Blvd Suite 400 Chattanooga, TN 37421
Authorized Representative	Bischoff, Holly 2034 Hamilton Place Blvd Suite 400 Chattanooga, TN 37421



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

DELAWARE, DO HEREBY CERTIFY "EMG RIVERVIEW MTP, 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMG RIVERVIEW MTP, LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2018.

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

TO THE PROPERTY OF



Authentication: 203453703

Date: 09-19-18

7045509 8300 SR# 20186736689