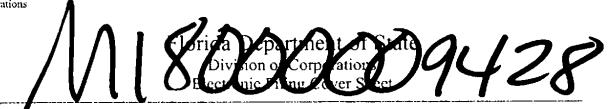
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Division of Corporations



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: Ľ. Foreign Limited Liability Company

IMPALA ASSET MANAGEMENT LLC

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Estimated Charge	\$1,487.50

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Help

To:

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: Impala Asset Management LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, extendigenate name adopted for the purpose of transacting business in Florida. The abstract name must include "Limited Liability Company," "E.I. C," or "LLC.") 41-2118667 Delaware (Jurisdiction under the law of which foreign hinned Hability company is organized) (FEI number if applicable) November 28, 2012 (Date first transacted business in Placids, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty tiebility) 107 Cherry Street 107 Cherry Street (Street Address of Principal Office) (Mailing Address) (3 New Canago, CT 06840 New Canaan, CT 06840 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CTCorporationSystem Office Address: 1200 South Pine Island Road Plantation (Cav) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Olca Hinkel - VP (Regutered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity: Name and Address: CFO MGR Robert Bishop Thomas Sullivan 324 Royal Palm Way 107 Cherry Street New Canaan CT 06840 Palm Bench FL 33480 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath 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 Stays constitutes a third degree felony as provided for in s.817.155, F.S. Signature of six authorized person Thomas Sullivan

Typed or printed rame of signer



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMPALA ASSET MANAGEMENT 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 NINTH DAY OF OCTOBER, A.D. 2018.

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

You may verify this certificate online at corp.delaware.gov/authver.shtml

3738286 8300

SR# 20187057304

Authentication: 203577055

Date: 10-09-18