

#### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

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Foreign Limited Liability Company

AMERIPRO EMS LLC

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#### COVER LETTER

|   | rision of Corporation                          | 15   |   |                             |   |  |  |  |
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| UBJECT:                                   | AmeriPro EMS LLA                               | C  |   |                             |   |  |  |  |
| uwscr.                                    | Name of Limited Liability Company              |  |   |                             |   |  |  |  |
| be enclosed<br>xistence, as               | d *Application by For<br>nd check are submitte | eign Limited Liability Comp<br>d to register the above refer | omy for Authorizationced foreign limit                        | tion to Tra<br>ed liability | unsact Business in Florida," Certificate<br>y company to transact business in Flori |  |  |  |
| ease return                               | all correspondence                             | concerning this matter to the                                | following:  |                             |   |  |  |  |
|   | Terri Lahner                                   |  |   |                             |   |  |  |  |
|   |  | , N  | ame of Person   |                             |   |  |  |  |
|   | Morris Mannin                                  | ig & Martin, LLP   |   |                             |   |  |  |  |
|   | Firm/Company                                   |  |   |                             |   |  |  |  |
|   | 3343 Peachtree                                 | Rd NE Suite 1600   |   |                             |   |  |  |  |
|   |  | Address  |   |                             |   |  |  |  |
|   | Atlanta, GA 3                                  | 0326   |   |                             |   |  |  |  |
|   |  | City/S   | tate and Zip Code   |                             |   |  |  |  |
|   | suhas@ameripro                                 |  |   |                             |   |  |  |  |
|   |  | E-mail address: (to be use                                   | d for future annual   | report not                  | lification)   |  |  |  |
| or fu <b>rther</b> i                      | information concerning                         | g this matter, please call:                                  |   |                             |   |  |  |  |
| Te  | rri Lahner                                     |  | 404<br>st (   | 233-70                      | 00  |  |  |  |
| _   | Namo   | of Contact Person  | Area Code   | Day                         | rtime Telephone Number  |  |  |  |
| MAILING ADDRESS: Division of Corporations |  |  | STREET ADDRESS: Division of Corporations Registration Section |                             |   |  |  |  |
|   | gistration Section  D. Box 6327                |  |   | Clifton B                   | Building  |  |  |  |
| Tel                                       | llahnssee, FL 32314                            |  |   |                             | ecutive Center Circle<br>see, FL 32301  |  |  |  |
|   | a check for the follow                         |  | EL CLES ON EUR  |                             | C \$140.00 Eiling Eng Cardifficate  |  |  |  |
|   | \$125.00 Filing Fcc                            | ☐ \$130.00 Filing Fee & Certificate of Status                | Certified Copy  | ig ree &                    | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy                       |  |  |  |

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SURMITTED TO REGISTER A POREXIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Kutalizina under the law of which foreign havined Kahikiy corressing is organized)  (Data first transacted beninces in Florida, if prior to supplies thinky)  (See sections 605.0904 & 605.0901, F.S. to deterrors penalty (sublity)  (Store Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  (Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   | Exhibity company is organized)  (PEI number, if applicable)  must be increased by the increase in Physics, if prior to supperturbes a 605,0904 & 605,0904 . Co. Section on penalty (sability)  6. SAME  (Marriag Address)  registered agent: (P.O. Box NOT acceptable)   | (Authoritien unider the law of which foreign havined Hability company is organized)  (FEI number, if applicable)   |  | ame adopted for the purpose of t                        | recenting business in Fi   | boids. The a                  | ngrapis mener mana melanda "Limbbal Lini<br>(2 ) | LAS COMPANY, "LLC," or "U.C.                 | "           |
|--|--|--|--|---|--|-------------------------------|--|--|-------------|
| (Date first transacted beniness in Placida, if prior to supertrains.) (See sections 605.0904 & 603.0901, F.S. to desertron peopley (whithy)  Ste B  (Street Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   | registered agent: (P.O. Box NOT acceptable)  |  | Georgia<br>Alexandro de les etc            | then foreign Emissed Establish com                      | THE RESERVE OF THE PARTY OF THE | 3.                            |  |  |             |
| (Date first transacted besidens in Florida, if prior to suppression.) (See sections 605.0904 & 605.0905, F.S. to deterrors people; sability)  Ste B  (Street Address of Frincipal Office)  130 Medical Way  Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   | 6. SAME  (Mining Address)  registered agent: (P.O. Box NOT acceptable)   | Union Qualification  |  |   | <b>,_,</b>   |                               |  | •  |             |
| Ste B  (Street Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   | registered agent: (P.O. Box NOT acceptable)  | (Date first transacted beautoes in Fluxide, if prior to supportation.)   | Upon Qualification                         | (Date first transacted base                             | nean in Florids, if prior k  | -                             | Linea  | <del></del>                                  |             |
| (Street Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  | registered agent: (P.O. Box NOT acceptable)  | <u> </u>   | C. D                                       | (See exclines 605.0904 &                                | , 603,0903, F.S. to determ   |                               |  |  |             |
| Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   |  | C+- D  | (Street Address of                         | hinespel Office)  | <del></del>  | 0.                            |  | resi)  |             |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   |  | Ste B 6. Same (Street Address of Principal Office) (Minima Address)  | 130 Medical Way                            |   | <u> </u>   |                               |  | <del></del>                                  |             |
|  |  | (Street Address of Principal Office)   | Stockbridge, GA 302                        | 31-9088   | <u>-</u>   |                               | <del></del>                                      | <del></del>                                  |             |
| O. N. I. O   | rporate Services, Inc.   | (Street Address of Principal Office)  130 Medical Way  | Name and street addre                      | 83 of Florida registered                                | l agent: (P.O. Bo  | x <u>NOT</u>                  | acceptable)                                      |  |             |
| Name: Capitol Corporate Services, Inc.   |  | (Street Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  | Name:                                      | Capitol Corporate S                                     | arvices, Inc.  |                               | <del></del>                                      |  |             |
| Office Address: 515 East Park Avenue 2nd Pl  | ark Avenue 2nd Fl  | (Street Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Capital Corporate Services. Inc.  | Office Address:                            | 515 East Park Averu                                     | ue 2nd Fl  |                               |  |  |             |
|  |  | (Street Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  | (Mile Houses                               | Tellahassas   |  | _                             |  |  |             |
| (City) (Zip code)  |  | (Street Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl   |  | Lanarassec  | (City)   |                               | , i lorida(Zip ood                               | <del>  </del>                                |             |
|  | nt and to accept service of process for the above stated limited flability company at the place by accept the appointment as registered agent and agree to act in this capacity. I further agree states relative to the proper and complete performance of my duties, and I all familiar with thou as positioned agent.  | (Street Address of Pircept Office)  Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Capitol Corporate Services, Inc.  (Office Address:  515 East Park Avenue 2nd Fl  Tallahassee  (Chy)  (C | in accept the acceptance                   |   | Kim Tadlack  | of Ca                         |  |  | 19          |
| The Capital Comparate Control of Capital Control of | nt and to accept service of process for the above stated limited liability company at the place by accept the appointment as registered agent and agree to act in this capacity. I further agree states relative to the proper and complete performance of my duties, and I altifamiliar with tion as registered agent.  Kim Tadlock, Asst. Soc. on behalf of Capitol Corporate Services, Inc.   | (Street Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  (Office Address: 515 East Park Avenue 2nd Fl  Tallahassee , Florida 32301  (City) (Zip code)  registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the place resignated 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 alignmiliar with and accept the obligations of my position as registered agent.  Kim Tadlock, Asst. Soc. on behalf of Capitol Corporate Services, Inc.  |  |   | (Registerol Agent  | 's <del>signahet</del> )      | •  | ユミ.<br>ンポ                                    | <u> </u>    |
| (Registered agent's signature)   | nt and to accept service of process for the above stated limited tiability company at the place by accept the appointment as registered agent and agree to act in this capacity. I further agree states relative to the proper and complete performance of my duties, and I allifamiliar with thou as registered agent.  Kim Tadlock, Asst. Soc. on behalf of Capitol Corporate Services, Inc.   | (Street Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  (Office Address: 515 East Park Avenue 2nd F)  Tallahassee , Florida 32301  (Cap)  (Cap | The name, title or cap                     | acity and address of th                                 | e person(s) who !  | has/have                      | authority to manage is/are:                      | القراران<br>المعمد المالية المساسسية المالية | <u>,</u>    |
| (Registered agent's ag | nt and to accept service of process for the above stated limited flability company at the place by accept the appointment as registered agent and agree to act in this capacity. I further agree states relative to the proper and complete performance of my duties, and I affiliabiliar with tion as registered agent.  Kim Tadlock, Asst. Soc. on behalf of Capitol Corporate Services, inc.  (Registered agent's manner)  The control of the person of the per | 130 Medical Way  | Title or Capacity:                         | Name and  | Address:   | <u> 1</u>                     | itle or Capacity;                                | Laile and Vontessi                           | 0,          |
| (Repressed agent's name)  (Repressed agent's name)  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:   | nt and to accept service of process for the above stated limited flability company at the place by accept the appointment as registered agent and agree to act in this capacity. I further agree states relative to the proper and complete performance of my duties, and I affiliabiliar with tion as registered agent.  Kim Tadlock, Asst. Soc. on behalf of Capitol Corporate Services, inc.  (Registered agent's manner)  The control of the person of the per | Stockbridge, GA 30281-9088   | Member                                     |   |  |                               |  |  | <del></del> |
| (Repressed agent's agent's agentare)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Member Suhas Uppalapati   | int and to accept service of process for the above stated limited flability company at the place by accept the appointment as registered ogent and agree to act in this capacity. I further agree states relative to the proper and complete performance of my dutles, and I alignmitten with thom as registered agant.  Kim Tadlock, Asst. Soc. on behalf of Captol Corporate Services, Inc.  (Resecred agant) (Research agan | Stockbridge, GA 30281-9088   |  | <u>549 Rivers</u><br>Marietta, G                        | un irace<br>A 30067  | _                             | •  | <u> </u>                                     | و           |
| (Represed agent's agent's agenties)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Member  Suhas Uppalapati  349 Riverci of Trace  Morietta GA 30067   | int and to accept service of process for the above stated limited fiability company at the place by accept the appointment as registered agent and agree to act in this capacity. I further agree states relative to the proper and complete performance of my duties, and I adicionalitar with the services agent.    Kim Tadlock, Asst. Soc. on behalf   Company of Capacity   Capac | Stockbridge, GA 30281-9088   |  |   | <u> </u>   |                               |  |  | ä           |
| Represent agent's agen | and to accept service of process for the above stated limited fiability company at the place by accept the appointment as registered agent and agree to act in this capacity. I further agree states relative to the proper and complete performance of my duties, and I aftiguistics with thom as registered agent.  Kim Tadlock, Asst. Soc. on behalf of Capitol Corporate Services, Inc.  (Repsecrol agent's member)  Irress of the person(s) who has/have authority to manage is/are: Induce and Address:  Title or Capacity:  Name and Address:  19 Rivere lift Trace agricum, GA 30067   | Stockbridge, GA 30281-9088   |  |   |  |                               |  | <u></u>                                      | <u> </u>    |
| Registered agent's agent's agenties  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Member  Suhas Uppalapati  349 Riverciliff Trace  Marietta, GA 30067   | and to accept service of process for the above stated limited fiability company at the place by accept the appointment as registered ogent and agree to act in this capacity. I further agree states relative to the proper and complete performance of my duties, and I alignificant with  Kim Tadlock, Asst. Soc. on behalf  of Capitol Corporate Services, Inc.  (Researed ugan's symbols)  Increase of the person(s) who has/have authority to manage is/are:  Indian and Address:  Title or Capacity:  Name and Address:  Page and Address:  One of the person  | (Street Address of Finessal Office)  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  Tallahassee , Florida (25,000k)  registered agent's acceptance: (City) (25,000k)  registered agent is acceptance of process for the above stated limited flability company at the place engineted in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree aligned to this applications of all statutes relative to the proper and complete performance of my duties, and I alignment as registered agent. (Registered agent and accept the abiligations of my position as registered agent. (Registered agent and accept the abiligations of my position as registered agent. (Registered agent and accept the abiligations of my position as registered agent. (Registered agent and accept the abiligations of my position as registered agent. (Registered agent and accept the abiligations of my position as registered agent. (Registered agent and accept the abiligations of my position as registered agent. (Registered agent and accept the abiligations of my position as registered agent and complete performance of my duties, and I alignment agent agent and accept the abiligations of my position as registered agent. (Registered agent and accept the abiligations of my position as registered agent and accept the abiligations of my position as registered agent and accept the about a state of the proper and complete performance of my duties, and I alignment as registered agent and accept the about a state of the proper and complete performance of my duties, and I alignment as registered agent and accept the about a state of the proper and complete performance of my duties, and I alignment as registered agent and accept the  |  |   |  |                               |  |  |             |
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| Name: Capitol Corporate Sorvices, Inc.   |  | (Street Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  | Name:                                      | Capitol Corporate S                                     | ervices, Inc.  |                               | <del></del>                                      |  |             |
| : Capitol Lottoppite Services Inc  | portue our viscos and  | (Street Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  |  |   |  | x MOL                         | acceptable)                                      |  |             |
| O. N. I. O   | rporate Services, Inc.   | (Street Address of Principal Office)  130 Medical Way  | Name and street addre                      | 53 of Florida registered                                | agent: (P.O. Bo  | × NOT                         | acceptable)                                      |  |             |
|  |  | (Street Address of Principal Office)  130 Medical Way  |  | ner 11 ( )  |  | NOT                           | table)   |  |             |
|  |  | (Street Address of Principal Office)   | Stockbridge, GA 302                        | 31-9088   | <u> </u>   |                               |  |  |             |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   |  | Ste B 6. Same (Street Address of Principal Office) (Minima Address)  |  | <u></u>   | <u> </u>   |                               |  |  |             |
| Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   |  | Ste B 6 Same   | (Street Address of                         | Principal Office)                                       | <del></del> .  | <b>J</b> .                    | (Min) ing Add                                    | uar)   |             |
| Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   |  | 4450   | Stc B                                      | hineignal Othora)                                       | <del></del>  | 6.                            |  | (G.)   |             |
| 130 Medical Way  Stockbridge, GA 30281-9088  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   |  | Co. D  | (Street Address of                         | Principal (Milita)                                      | <del></del>  | 6.                            |  | resi)  |             |
| Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   |  | Cta R  | (Street Address of                         | Principal Office)                                       | •  | <b>6</b> .                    |  | (531)  |             |
| Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   |  | Can D  | Ste 13<br>(Street Address of               | Principal Office)                                       |  | 6.                            |  | rai)   |             |
| Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   |  |  | Ste B                                      | Principal Office)                                       | <del></del>  | 6.                            |  | 1531)  |             |
| (Stock Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  | registered agent: (P.O. Box NOT acceptable)  | <u> </u>   | Ste B                                      | <b>,</b> ————————————————————————————————————           | <del></del>  |                               | same   | (Sa)   |             |
| Stockbridge, GA 30281-9088  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  |  |  | Ste B                                      | Principal Otton)  |  | 6.                            |  | (CA1)  |             |
| 130 Medical Way  Stockbridge, GA 30281-9088  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   | registered agent: (P.O. Box NOT acceptable)  |  | Ste B                                      | Principal Ottobi  |  | 6.                            |  | resi)  |             |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   |  | Ste B 6. same  | (Street Address of                         | hineignal Ottleh)                                       | •  |                               | (W) <b>35</b> (W)                                |  |             |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   |  | (Street Address of Principal Office)   |  | 81-9088   | <del></del>  |                               |  |  |             |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  |  | (Street Address of Principal Office)   | 130 Medical Way                            | <u> </u>  | -<br>  |                               |  | <u></u> .                                    |             |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   |  | Ste B 6. same  | 130 Medical Way                            | <u> </u>  | •  |                               | (Moing Add                                       |  |             |
| 130 Medical Way  Stockbridge, GA 30281-9088  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   | registered agent: (P.O. Box NOT acceptable)  | (Son mechanic 605,0904 & 605,0905, F.S. to deterrition permitty (whativ)   | Ste B                                      | (See sections 605,0904 &                                | to determ  | tens becauty                  | same   | reas)  |             |
| (Street Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  | registered agent: (P.O. Box NOT acceptable)  | (Detr first transacted beautoes in Florids, if prior to seguitative.)  | Upon Qualification                         | (Date first transacted base<br>(See sections 605.0904 & | dean in Florida, if prior to<br>603,0901, F.S. to desert   | o sometrarica<br>reso pendity | ability)   | <del></del>                                  |             |
| Ste B  (Street Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   | registered agent: (P.O. Box NOT acceptable)  | (Chetr first transacted beautoes in Florids, if prior to seguetterion.)  | Upon Qualification                         | (Date first transacted team                             | aces in Florida, if prior k  | rem panel                     | )<br>pahiliry)                                   | <del></del>                                  |             |
| (Date first transacted besides in Placide, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to description people behilby)  Ste B  (Street Address of Principal Office)  (Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  | 6. SAME  (Mining Address)  registered agent: (P.O. Box NOT acceptable)   |  |  | here was the surpress sensitive board                   | hank a reference.  |                               | (  |  |             |
| Upon Qualification  (Data first transacted basiness in Florida, if prior to segistration) (Son accions 605.0904 & 605.0901, F.S. to deterrition penalty (while)  Ste B  (Street Address of Principal Office)  130 Medical Way  Stockbridge, GA 30281-9088  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  | a 605.0904 & 603.0901, F.S. to determine penalty (whithy)  6. SAME  (Mailing Address)  registered agent: (P.O. Box NOT acceptable)   |  | Georgia<br>(Kutudictics under the law of w | Mich foreign Ermined Enhaltry core                      | pany is organizac)   | 3.                            |  |  |             |
| (Artalirina under the law of which foreign knaked Kahlilay company is organized)  (Pell number, if applicable)  (Dotts first transacted basiness in Florida, if prior to supertarion)  (Sen sections 605.0904 & 605.0904 & 605.0904 passing tability)  Stor B  (Street Address of Principal Office)  (Street Address of Principal Office)  (Mining Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  | Exhibity company in organized)  (FEI number, if applicable)  musched basiness in Physics, if prior to supertraine )  6. SAME  (Mining Address)  registered agent: (P.O. Box NOT acceptable)  | (FEI number, if applicable)  | Cantraia                                   |   |  |                               | 82-6   | 1030857                                      |             |

Typed or priered sense of rights

Control Number: 18002569

## STATE OF GEORGIA

### Secretary of State Corporations Division

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

| I D. I C. in all a Company of Eastern Color of Company do  | hereby certify under the seal  |
|--|--|
| I, Robyn A. Crittenden, the Secretary of State of the State of Georgia, do   | neleby certify under the scal  |
| of my office that  | •  |
| 430000   |  |
| Ameriprovens LLC   | $\mathcal{M}$  |
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| HI COS TO THE TAIL OF THE PARTY | A STATE  |
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| was formed in the jurisdiction, stated below or was authorized to transact   | Dusiness in Georgia on the   |
| below date. Said enfity is in compliance with the applicable filing and ann Title 14 of the Official Code of Georgia Annotated and has not filed article cancellation or any other similar document with the office of the Secretary of  | uali registration provisions of  |
| Title 14 of the Official Code of Georgia Annotated and has not filed article   | of discouncing certificate of  |
| cancellation or any office similar document with the office of the Secretary of  | State.   |
|  | agray the date issued. It does   |
| This certificate relates only to the legal existence of the above named entity, not certify whether or not a notice of intent to dissolve, an application for  | r withdrawal a statement of  |
| commencement of winding up or any other similar document has been  | filed or is pending with the   |
| Secretary of State.  |  |
| Secretary of State.  | - //-/   |
| This certificate is issued pursuant to Title 14 of the Official Code of Georgia  | Annotated and is prima-facie   |
| evidence that said entity is in existence or is authorized to transact business in   | this state.  |
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|  | <b>₩</b>   |
|  | Docket Number 2-16339407   |
|  | Date Inc/Auth/Filed: 01/04/2018  |
|  | Jurisdiction : Georgia   |
|  | Print Date 301/04/2019   |
|  | Form Number 23 211   |
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|  | Shan Q. Carotander   |
|  | Robyn A. Crittenden  |
|  | Robyn A. Crittenden  |
|  | Secretary of State   |
| 1776   | g til ver erg <b>et</b> te stærte.<br>Til stærte |