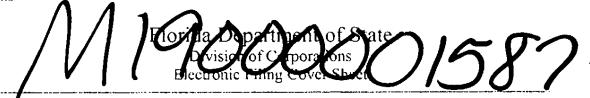
Division of Corporations



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

Email Address:__ Foreign Limited Liability Company TRANSFORM SR PROCUREMENT SERVICES LLC 35 Certificate of Status ä, 1 Certified Copy Page Count 03 \$155.00 Estimated Charge

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O SHAMONE FEB 1 4 2019

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: Transform SR Procurement Services LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purposa of transacting business in Piccids. The alternate name mass include "Limited Liability Company," "L.L.C," or "LLC.") 2. Delaware (FEI mumber, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5, 1170 Kane Concourse, Suite 200 (Mailing Address) (Street Address of Principal Office) Bay Harbor Islands, FL 33154 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pinc Island Road Office Address: , Florida 33324 Plantation 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. By: C T Corporation System 3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: MEMBER TRANSFORM SR LLC 1170 Kane Concourse, Suite 200 Bay Harbor Islands, FL 33154 (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 path of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Flight Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree third as provided for in s.817.155, F.S.

Jannifer i



Page 1

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

DELAWARE, DO HEREBY CERTIFY "TRANSFORM SR PROCUREMENT SERVICES 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 FIFTH DAY OF FEBRUARY, A.D. 2019.

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

7249936 8300
SR# 20190743036
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202203835

Date: 02-05-19