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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

**4.** 

ACCOUNT NO. : 12000000195

REFERENCE: 647873

4321919

AUTHORIZATION

COST LIMIT :

ORDER DATE: February 27, 2019

ORDER TIME : 1:33 PM

ORDER NO. : 647873-005

CUSTOMER NO: 4321919

#### FOREIGN FILINGS

NAME: EBSCO SEACREST, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_ PLAIN STAMPED COPY

XX \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

#### COVER LETTER

TO:

TO:	Registration Section Division of Corporations			
SUBJE	EBSCO Seacrest, LLC			
	Name of Limited Liability Company			
The enc Existent	closed "Application by Foreign Limited Liability Company for Authorization to Transact Busin ce, and check are submitted to register the above referenced foreign limited liability company to	ess in Florida," ( o transact busine	Certificate of sss in Florida.	
Please r	eturn all correspondence concerning this matter to the following:			
	Leslic L. Yeilding			
	Name of Person			
	EBSCO Income Properties, LLC			
	Firm/Company			
	5724 Highway 280 East	17:01	ာ က က	
	Address			
	Birmingham, AL 35242	•	в 2	
	City/State and Zip Code	!	> :-	
	lycilding@ebsco.com	* *	О	
	E-mail address: (to be used for future annual report notification)	· .	<i>г</i> т ф	
for furth	ner information concerning this matter, please call:			
	Leslic L. Yeilding 205 981-5135			
	Name of Contact Person Area Code Daytime Telepho	one Number		
	MAILING ADDRESS:STREET ADDRESSDivision of CorporationsDivision of CorporationRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive CenterTallahassee, FL 32301	ons r Circle		
inclosed 		Filing Fee, Certi Certified Copy	ificate	

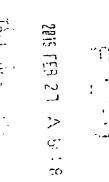
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

or or		Limited Liability Company; must include "Limite terms adopted for the purpose of transacting business in Fle				
		same accepted to: the purpose of transacting peatness in Fig	onda, The alternate name must include "Limited."	Liability Company," "L.L.C," or "LLC.	")	
2.	Delaware  (Jurisdiction under the faw of w	hich foreign limited liability company is organized)	3.	unber, if applicable)		
		tonipary a deprimed	(rate	misser, is applicable)		
4.	Upon Qualification	(0.00)				
		(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration.) tine penalty liability)			
5.	5724 Highway 280 Ea		6. 5724 Highway 280 East			
	(Street Address of ) Birmingham, AL 3524	•	(Mailing Address) Birmingham, AL 35242			
	Billingham, 717, 3324					
7	Na			261		
1.	Name and street addres	s of Florida registered agent: (P.O. Box	NOT_acceptable)	(. <del>25</del>		
	Name:	Corporation Service Company		<del></del>		
	Office Address:	1201 Hays Street		, 70	i ~	
	Office Address.		<del> </del>	اسم دون		
		Tallahassee	, Florida 32301	>		
R	gistered agent's accep	(City)	(Zip c	ode)		
to	comply with the provisi	tion, I hereby accept the appointment a ons of all statutes relative to the proper of my position as registered agent.	and complete performance of my EMILY CIOIT	y duties, and I am familiar	r agre with	
to an	comply with the provisi d accept the obligations The name, title or capa	ons of all statutes relative to the proper of my position as registered agent.  (Registered agent's security and address of the person(s) who ha	Asst. Vice President signature)  s/have authority to manage is/arc:	y duties, and I am familiar	r agre with	
to an	comply with the provisi d accept the obligations  The name, title or capa <u>Title or Capacity:</u>	ons of all statutes relative to the proper s of my position as registered agent.  (Registered agent's statement of the proper of	Asst. Vice President	y duties, and I am familiar	r agre with	
to an	comply with the provisi d accept the obligations The name, title or capa	ons of all statutes relative to the proper of my position as registered agent.  (Registered agent's security and address of the person(s) who ha	Asst. Vice President signature)  s/have authority to manage is/arc:	y duties, and I am familiar	r agre with	
to an	comply with the provisi d accept the obligations  The name, title or capa <u>Title or Capacity:</u>	ons of all statutes relative to the proper of my position as registered agent.  (Registered agent's security and address of the person(s) who ha	Asst. Vice President signature)  s/have authority to manage is/arc:	y duties, and I am familiar	r agre with	
to an	comply with the provisi d accept the obligations  The name, title or capa <u>Title or Capacity:</u>	ons of all statutes relative to the proper of my position as registered agent.  (Registered agent's security and address of the person(s) who ha	Asst. Vice President signature)  s/have authority to manage is/arc:	y duties, and I am familiar	r agre with	
to an	comply with the provisi d accept the obligations  The name, title or capa <u>Title or Capacity:</u>	ons of all statutes relative to the proper of my position as registered agent.  (Registered agent's security and address of the person(s) who ha	Asst. Vice President signature)  s/have authority to manage is/arc:	y duties, and I am familiar	r agre with	
to an	comply with the provisi d accept the obligations  The name, title or capa <u>Title or Capacity:</u>	ons of all statutes relative to the proper of my position as registered agent.  (Registered agent's security and address of the person(s) who ha	Asst. Vice President signature)  s/have authority to manage is/arc:	y duties, and I am familiar	r agre with	
to an 8.	The name, title or capa  Title or Capacity:  See Attachment	city and address of the person(s) who ha	Asst. Vice President signature)  s/have authority to manage is/arc:	y duties, and I am familiar	r agre	
to an 8.	comply with the provisi d accept the obligations  The name, title or capa <u>Title or Capacity:</u>	city and address of the person(s) who ha	Asst. Vice President signature)  s/have authority to manage is/arc:	y duties, and I am familiar	r agre	
8. (U	The name, title or capa Title or Capacity: See Attachment  se attachments if necess Attached is a certificate of	city and address of the person(s) who ha  Name and Address:  ary)  of existence, no more than 90 days old, of	Asst. Vice President  Asst. Vice President  Is/have authority to manage is/arc:  Title or Capacity:	Name and Address:	with	
(U. 2. 2 uri	The name, title or capa Title or Capacity: See Attachment  se attachments if necess Attached is a certificate of sdiction under the law of	ary)  ons of all statutes relative to the proper of my position as registered agent.  (Registered agent's continuous and address of the person(s) who has a Name and Address:  ary)  of existence, no more than 90 days old, of which it is organized. (If the certificate	Asst. Vice President  Asst. Vice President  Is/have authority to manage is/arc:  Title or Capacity:	Name and Address:	with	
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(U.). Auriof to	The name, title or capa Title or Capacity: See Attachment  See attachments if necess Attached is a certificate of sdiction under the law of the translator must be su This document is execut	ary)  of existence, no more than 90 days old, of which it is organized. (If the certificate bmitted)  ted in accordance with section 605.0203	Asst. Vice President  Asst. Vice President  Asst. Vice President  Is/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official her is in a foreign language, a translation in a foreign language.	Name and Address:  Name and Address:  aving custody of records in the certificate under	the	
(U.). Auriof to	The name, title or capa Title or Capacity: See Attachment  See attachments if necess Attached is a certificate of sdiction under the law of the translator must be su This document is execut	ary)  of existence, no more than 90 days old, of which it is organized. (If the certificate bmitted)  ted in accordance with section 605.0203 the Department of State constitutes a thin	Asst. Vice President  Asst. Vice President  Asst. Vice President  Is/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official her is in a foreign language, a translation in a foreign language.	Name and Address:  Name and Address:  aving custody of records in the certificate under	the	
(U.). Auriof to	The name, title or capa Title or Capacity: See Attachment  See attachments if necess Attached is a certificate of sdiction under the law of the translator must be su This document is execut	ary)  of existence, no more than 90 days old, of which it is organized. (If the certificate bmitted)  ted in accordance with section 605.0203 the Department of State constitutes a phin signature.	ASSI. Vice President  Asst. Vice President  as/have authority to manage is/arc:  Title or Capacity:  duly authenticated by the official he is in a foreign language, a translated degree follony as provided for in a suthorized person	Name and Address:  Name and Address:  aving custody of records in the certificate under	the	
(U	The name, title or capa Title or Capacity: See Attachment  See attachments if necess Attached is a certificate of sdiction under the law of the translator must be su This document is execut	ary)  of existence, no more than 90 days old, of which it is organized. (If the certificate bmitted)  ted in accordance with section 605.0203 the Department of State constitutes a him Signature.  Leslie	Asst. Vice President Asst. Vice President  Asst. Vice President  Is/have authority to manage is/are:  Title or Capacity:  It is in a foreign language, a translated by the official has is in a foreign language, a translated degree follony as provided for in	Name and Address:  Name and Address:  aving custody of records in the certificate under	with	

### Attachment to Florida Qualification

<u>Name</u>	<u>Title</u>	<u>Address</u>
James L. Page	President	5724 Highway 280 East Birmingham, AL 35242
Leslie L. Yeilding	Vice President	5724 Highway 280 East Birmingham, AL 35242
Jason J. English	Vice President	5724 Highway 280 East Birmingham, AL 35242
Heather Page Moore	Vice President	5724 Highway 280 East Birmingham, AL 35242
Tyler B. Novak	Secretary	5724 Highway 280 East Birmingham, AL 35242



## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EBSCO SEACREST, 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 TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EBSCO SEACREST, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2019.

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

2015 FEB 27 A 6: 118



Authentication: 202337470

Date: 02-27-19