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MAR 06 2019

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

ACCOUNT NO. : I20000000195

REFERENCE : 666084 7664144

AUTHORIZATION :   
COST LIMIT : \$ 125.00

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ORDER DATE : March 5, 2019

ORDER TIME : 2:05 PM

ORDER NO. : 666084-005

CUSTOMER NO: 7664144  
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FOREIGN FILINGS

NAME: SSA JACKSONVILLE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SSA Jacksonville, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Elizabeth Proctor  
Name of Person

SSA Jacksonville, LLC  
Firm/Company

1131 SW Klickitat Way  
Address

Seattle, Washington 98134  
City/State and Zip Code

liz.proctor@carrix.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liz Proctor at ( 206 ) 623-0304  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$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 SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. SSA Jacksonville, 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 purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1131 SW Klickitat Way  
(Street Address of Principal Office)

6. P.O. Box 24868  
(Mailing Address)

Seattle, Washington 98134

Seattle, Washington 98124

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

**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.*

Roxanne Turner  
(Registered agent's signature)

Roxanne Turner  
Asst. Vice President

FILED  
MAR -5 AM 8:51  
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: John A. Walsh

☐ Member                      Address: 27 Chatham Center

☐ Authorized                      South Driver, Suite A

Savannah, GA 31405

Person

☒ Other President                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Mark Knudsen

☐ Member                      Address: 1131 SW Klickitat Way

☐ Authorized                      Seattle, WA 98134

Person

☒ Other Chairman                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Gary L. Morelli

☐ Member                      Address: 27 Chatham Center

☐ Authorized                      South Driver, Suite A

Person                      Savannah, GA 3405

☒ Other Vice President                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Theresa M. Bicknell

☐ Member                      Address: 1131 SW Klickitat Way

☐ Authorized                      Seattle, WA 98134

Person

☒ Other VP-Accounting & Benefits                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Gordon R. Hofman

☐ Member                      Address: 1131 SW Klickitat Way

☐ Authorized                      Seattle, WA 98134

Person

☒ Other Vice President - Finance                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Matthew K. McCardell

☐ Member                      Address: 1131 SW Klickitat Way

☐ Authorized                      Seattle, WA 98134

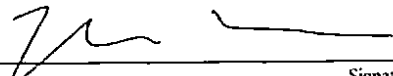
Person

☒ Other General Counsel & Secretary                      ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Signature of an authorized person

Matthew K. McCardell, General Counsel & Secretary  
\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SSA JACKSONVILLE, 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 MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SSA JACKSONVILLE, LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2019.

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



  
Jeffrey W. Bullock, Secretary of State

7304054 8300

SR# 20191761411

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202375778

Date: 03-05-19