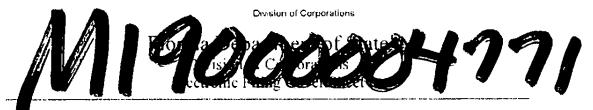
5/3/2019



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Account Name : C T CORPORATION SYSTEM

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	**Enter the email address for this business entity to be used annual report mailings. Enter only one email address plea	for fűture ase.* <b>t</b> ;	ॐ	
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## Resubmission Keep Date 5/3/19

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

IN COMPLIANCE WITH SECTION 605 (2002, FLORIDA STATUTES: THE FOLLOWING IS SAUMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS AND THE STATE OF FLORIDA: SOS Intermediate Holding, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L. L.C.," or "LLC Iff name mavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company 11th U.T. of "LLC") , Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Upon qualification. (Dute first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605,0905, F.S. to determine penalty liability) 1915 Route 46 East Parsippany, NJ 07054 (Sirect Address of Principal Office) 1915 Route 46 Fast Parsippany, NJ 07654 (Mailing Address) 7. Name and street address of Florida (egistered agent: (P.O. Bus. NOT acceptable) C.T. Corporation System Name 1200 South Pine Island Road Office Address: 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 complywith 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. James M. Halpin C T Corporation System Assistant Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is are: Daniel M. Florian and Matthew Joblove, Managers, 5200 Town Center Cricle, 4th Floor, Boca Raton, FL 33486 Michael McClonvery, Manager, 5200 Town Center Circle, 4th Floor, Boca Raton, FL 33486 Edward Silverman and Ken Fisher, Managers, 1915 Route 46 East, Parsippany, NJ 67054 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) Signature of an authorized person 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 \$.817-155, F.S.

Typed or printed name of sience

Edward Silverman



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOS INTERMEDIATE HOLDING, 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 THIRD DAY OF MAY, A.D. 2019.

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

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

7308019 8300

SR# 20193508753

Authentication: 202760454

Date: 05-03-19