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B KINSEY MAY 2 4 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 778713 7965870

AUTHORIZATION :

COST LIMIT : \$ £25.00

ORDER DATE: May 23, 2019

ORDER TIME : 2:19 PM

ORDER NO. : 778713-005

CUSTOMER NO: 7965870

FOREIGN FILINGS

NAME: 13TH FLOOR MED HB SPONSOR, 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

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:

(If name unavailable, enter al Liability Company," "L.L.C.,"		ourpose of transacting bi	isiness in Florida. The alternate name m	ust include "Limited
Delaware	or Ede. y	₃ 36-4857	273	
	of which foreign limited liabil	ity	(FEI number, if applicable)	 .
4	(Date first transacted	business in Florida, if p	ior to registration.)	
5 848 Brickell Avenue, I	(See sections 605,0904 &	& 605,0905, F.S. to dete	rmine penalty liability)	
5. 848 Blicken Avenue, i				9916 7 - 1
Miami, Florida 33131				
9de Deiotro II Avenue D		ss of Principal Office)		
6. 848 Brickell Avenue, P	nı			
Miami, Florida 33131				
	(Ma	ailing Address)		= ⋅
7. Name and street addres	s of Florida registered agen	it: (P.O. Box NOT a	cceptable)	99 H- 16
Name:	Timothy Sanders			<i>ن</i>
Office Address:	848 Brickell Avenue PH1			
	Miami		, Florida 33131	
	(Ci	ty)	(Zip code)	
designated in this applica to complywith the provisi	tion, I hereby accept the apons of all statutes relative to my position as registered at	oppointment as registe to the proper and con gent.	or the above stated limited liability red agent and agree to act in this co plete performance of my duties, an	ipacity. I further agree
	(Registered agent's signa	ture)	
-	icity and address of the pers	son(s) who has/have a	uthority to manage is/are:	
Arnaud Karsenti, Manage	rof	***		
848 Brickell Avenue, PH	1			.
Miami, Florida 33131				
	of which it is organized. (If abmitted)		nenticated by the official having cust foreign language, a translation of the	
			rida Statutes. I am aware that any fal e felony as provided for in s.817.15:	

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "13TH FLOOR MED HB SPONSOR, 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-THIRD DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "13TH FLOOR MED HB SPONSOR, LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2016.

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



Authentication: 202887224

Date: 05-23-19