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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 33415 7703442

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : July 8, 2019

ORDER TIME : 3:16 PM

ORDER NO. : 834153-010

CUSTOMER NO: 7703442

FOREIGN FILINGS

NAME: ICG DEERFIELD MANAGEMENT LLC

EXAMINER:

CONTACT PERSON: Lydia Cohen -- EXT# 62974

\_ CERTIFICATE OF GOOD STANDING

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXX QUALIFICATION (TYPE: LL)

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	COVER LETTER	
	egistration Section ivision of Corporations	
SUBJECT	ICG DEERFIELD MANAGEMENT LLC	
	Name of Limited Liability Company	
The enclose Existence,	ed "Application by Foreign Limited Liability Company for Authorization to Transac and check are submitted to register the above referenced foreign limited liability con	et Business in Florida," Certificate of npany to transact business in Florida.
	m all correspondence concerning this matter to the following:	٠
	ALEXANDRA LOKEN	į
	Name of Person	SE
	INTERWEST CAPITAL GROUP LLC	F F F F F F F F F F F F F F F F F F F
	Firm/Company	SSE &
	4275 EXECUTIVE SQUARE, SUITE 1020	
	Address	SINI LORI
	LA JOLLA, CA 92037	0 P
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	ALENANDRA@INTERWESTCAPITAL.COM	
	E-mail address: (to be used for future annual report notificati	ion)
For further i	nformation concerning this matter, please call:	
	Name of Contact Person	Telephone Number
Div Reg P.O Tall	AlLING ADDRESS:  ision of Corporations  istration Section  Box 6327  Clifton Building ahassee. FL 32314  Closed is a check for the following amount:	rporations ction g : Center Circle

i.

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ICG DEERFIELD M					
(Name of Foreig	n Limited Liability Company, must include "Limite	ed Liability	Company," "L.L.C.," or "LLC")		
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	enda. The ali	ernate name must include "Limited Lial	bibly Company,""I, I, C," or	"LLC ")
DELAWARE					
(furisdiction under the law at v	under the law of which foreign limited liability company is organized)		3. (FEI number, it applicable)		
(e/25/19	}				
	(Date first transacted business in Fforda, if prior to 1Sec sections 605 0904 & 605 0905, F.S. to determine	registration	abdin i	<u>च्</u> र 2	
4275 EXECUTIVE S	SQUARE		4275 EXECUTIVE SQUA		٦
(Street Address of	Principal Office)	0.	(Mailing Addr		<del>_</del>
SUITE 1020			SUITE 1020	SSEE.	- 7
LA JOLLA, CA 9203	7	1	A JOLLA, CA 92037	STATE FLORIE	う フ
Name and street address	ss of Florida registered agent: (P.O. Box	NOT ac	ceptable)	Σ σ.	
Name:	Corporation Service Company				
Office Address:	1201 Hays Street				
	Tallahassee		32301 , Florida		
	(Ciry)		(Zip code)		
signatea in inis application of the control of the	tance: gistered agent and to accept service of pation, I hereby accept the appointment as ons of all statutes relative to the proper of affine my position as registered agent.  Corporation Service Company	register	ed agent and agree to act in plete performance of my di Lydia Cohen	n this capacity. I fur uties, and I am fumi	ther aur
	By: (Registered agent's sq	gitature i	Asst. Vice President	<u>.</u>	

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: Title or Capacity: Name and Address: Name: ALEX ROUDI Manager Manager | Name: \_\_\_\_\_ Address: 4275 EXECUTIVE SQUARE Member Member | Address: **SUITE 1020** Authorized Authorized LA JOLLA, CA 92037 Person Person Other Other\_\_\_\_\_ Other Other Manager Name: Manager | Member Address: \_\_\_\_\_ Member ■Authorized Authorized Person Person Other \_\_\_\_Other\_\_\_\_\_ Other\_ Manager Name: Manager Name: Member Address: \_\_\_\_\_ Member | Address: Authorized Authorized Person Person Other\_\_\_\_ Other\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 ALEX ROUDI

Typed or printed name of signer



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

DELAWARE, DO HEREBY CERTIFY "ICG DEERFIELD MANAGEMENT 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 EIGHTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICG DEERFIELD MANAGEMENT LLC" WAS FORMED ON THE TENTH DAY OF JUNE, A.D. 2019.

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

PILED

2019 JUL -8 PM 4: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Authentication: 203170976

Date: 07-08-19