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T GLASS OCT 1 6 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 890738 7931011 AUTHORIZATION COST LIMIT : ORDER DATE : August 20, 2019 ORDER TIME : 3:25 PM ORDER NO. : 890738-020 CUSTOMER NO: 7931011 FOREIGN FILINGS NAME: OC PARTNERS LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Amanda Robinson -- EXT# 62968

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:

IN	and adopted to the purpose of durantening vasiless in the	orida. The alternate name must include "Limited Liability Company," "L. 84-1769504	ince, or the y
	hich foreign lumited liability company is organized)	3. (FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to 1Sec sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)	
903 Spring Street		903 Spring Street	
(Street Address of	Principal Office)	6. (Mailing Address)	
Jeffersonville, IN 47	130	Jeffersonville, IN 47130	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2019 00
Name:	SS of Florida registered agent: (P.O. Box Corporation Service Company 1201 Hays Street	NOT acceptable)	2019 OCT 15 FYT
	Corporation Service Company	NOT_acceptable) 32301 (Zip code)	7019 001 15 FH 10: 30

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: Ernest C. Dreher IV

Address: 903 Spring Street Name: Kevin Russell × Manager × Manager Address: 903 Spring Street Member Member Authorized Authorized Jeffersonville, IN 47130 Jeffersonville, IN 47130 Person Person Other_ Other_____ Other___ Name: Thresa Estopinal Name: John W. Sprouls × Manager × Manager Address: 903 Spring Street Address: 903 Spring Street Member Member Authorized Authorized Jeffersonville, IN- 47130≘ Jeffersonville, IN 47130 Person Person Other Other_ Other Name: _____ Jared S. Burt Name: Surendra Ramanna **×** Manager × Manager Address: 903 Spring Street Member Member Authorized Authorized Jeffersonville, IN 47130 Brentwood, TN 37027 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. Threeza) Etopinal Signature of an authorized person Thresa Estopinal

Typed or printed name of signee

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

OC PARTNERS LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 15, 2019, and was in existence or authorized to transact business in the State of Indiana on August 26, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 26, 2019

Corrie Lamon

CONNIE LAWSON
SECRETARY OF STATE

201905151322736 / 20191078996

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on September 25, 2019.