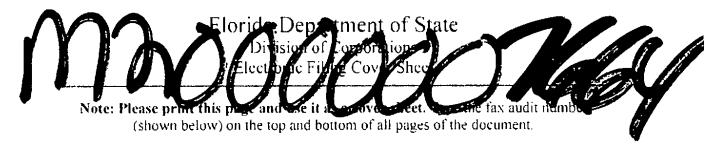
Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___ Foreign Limited Liability Company SourceScrub, LLC Certificate of Status Certified Copy 04 Page Count \$155.00 Estimated Charge

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, SourceScrub, LLC

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANY TOTRANS-ACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate :	ising adopted for the purpose of transacting business in F	lorida Hic	alterrate name must include "Limited Liability Company." "L4, C," or "L4,C.		
Delaware		3.	47-1786324		
(Turisdiction under the law of which foreign limited liability company is organized)		3.	(FLI number, d'applicable)		
	(Date first transacted business in Florida 31 prior to (See sections 605 0901 & 605 0905, F.S. to determ	ine beurpty Legistratio	of) liabelity		
150 Post Street, Suite 660		150 Post Street, Suite 660			
treet Address of Principal Office)		ti.	6. (Mailingt Address)		
San Francisco, CA 94108			San Francisco, CA 94108		
Name and street addres	ss of Florida registered agent: (P.O. Box	C <u>NOT</u>	acceptable)		
Name and street addres Name:	C T Corporation System	: <u>NOT</u>	acceptable)		
	_ , , ,	: <u>NOT</u>	acceptable)		
Name:	C T Corporation System 1200 South Pine Island Road Plantation	S NOT	33324		
Name:	C T Corporation System 1200 South Pine Island Road	i <u>NOT</u>			

DocuSign Envelope ID: CDD65B32-6E5B-4A22-9428-A493B4B15A27

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Gavin Turner	Manager	Name:
■Member	Address: One Front Street, Suite 3000	■ Member	Address: One Front Street, Suite 3000
□Authorized	San Francisco, CA 94111	☐ Authorized	San Francisco, CA 94111
Person		Person	
Other	□Other	Other	□Other
☐Manager	Name: Tyler Fair	∐Manager	Name: Prescott Nasser
■ Member	Address;	∑ Member	Address: 150 Post Street, Suite 660
□Authorized	San Francisco CA 94108	☐ Authorized	San Francisco CA 94108
Person		Person	
□Other	□Other	☐ Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address: 150 Post Street, Suite 660	□Member	Address:
■ Authorized	San Francisco CA 94108	☐ Authorized	
Person		Person	
□Other	Other	Other	
9. Attached is a cer jurisdiction under t of the translator mu 10. This document	Use an attachment to report more than six (6). It may be added to the index when filing your be tificate of existence, no more than 90 days old the law of which it is organized. (If the certificate the submitted) is executed in accordance with section 605.02 ment to the Department of State constitutes a temporary of the constitutes at	Florida Department of State, duly authenticated by the ate is in a foreign language 03 (1) (b). Florida Statutes	Annual Report form. official having custody of records in the a translation of the certificate under oa . I am aware that any false information

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOURCESCRUB, 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 FIRST DAY OF SEPTEMBER, A.D. 2020.

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

Authentication: 203578474

Date: 09-01-20