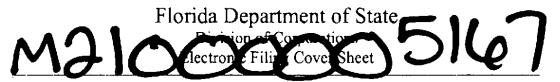
4/29/2021

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

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## Foreign Limited Liability Company M Science Holdings LLC

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From: James Tanks III

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

IN COMPLIANCE WITH SPLTION 605.0902, FLORIDA STATULIES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREGO. LIMITED HABILITY COMPANY TO TRANSACT BUNINESS IN THE STATE OF FLORIDA:

M Science Holdings Lf					
(Name of Foreign	Limited Liability Company; outst locatede T.imiteo	d Liability Co	mpany," "LVLC ," or "U.C.")		
finame unavailable, enter alternate n	name adopted for the purpose of transacting histness in El	onda. The alter	oste name must include "Familied Ladinity	Company/**U.L.C," or **! I !	C.")
Delaware  Gurisd choo under the law of w	hich fereiga limited liability company is organized)	3	(H) number, if:	ppicable)	
	, , ,				
	(Pate first transacted business in Florida, if prior to 1 Sec acctions 603-0004-8-005-0005, F.S. to determi	registration ) ne penalty liabi	fity)	-	
45 West 25th Street, 9th Floor  irreel Address of Principal Office)			West 25th Street, 9th Floor		
New York, NY 10010			w York, NY 10010		
		_			
. Name and street address	s of Florida registered agent: (P.O. Box	NOT acce	eptable)	2021 A.P.R	
Name.	C T Corporation System			29	
Office Address	1200 South Pine Island Road			AH 10	) ص ت
	Plantation		, Florida	32	
	(City)		(Ap aule)		

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 comply with 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.

By:	C T Corporation System	Killed Jargey	Kimberly Laughrey, Asst. Secretary
	(Registered agent's sig	furgnie)	

DocuSign Envelope ID: 30376C38-FC61-48DD-83D6-F8260630CBB5

litle or Capacity:	Name and Address:	Title or Capacit	t <u>y:</u>	Name and Address
]Manager	Name: Joseph Napoli	□ Manager	Name:	
⊒Member	Address: 45 West 25th Street, 9th Floor	□Member	Address:	
■ Authorized	New York, NY 10010	_Authorized		
Person		Person	<del></del>	
∃ Other		□Other	<del></del>	□ Other
⊒Manager	Name:	□Manager	Name:	
∃Member	Address;	□Member	Address:	
Authorized		□Authorized		
Person		Person		
Other	Other	□Other		_Other
□ Manager	Name:	Manager	Name:	
∃Member :	Address:	□Member	Address:	
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ndexed individuals  O. Attached is a centurisdiction under the translator muter.	Use an attachment to report more than six (6). The may be added to the index when filing your Florificate of existence, no more than 90 days old, the law of which it is organized. (If the certificates the submitted)  as executed in accordance with section 605 020, ment to the Department of State constitutes a the	orida Department of St duly authenticated by t e is in a foreign langua 3 (1) (b), Florida Statu	tate Annual Rep the official havi age, a translation tes. I am aware	oort form.  ng custody of records in  n of the certificate unde  that any talse informatic

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "M SCIENCE HOLDINGS 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-EIGHTH DAY OF APRIL, A.D. 2021.

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

at coro delaware sov/auth

Authentication: 203083594

Date: 04-28-21