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#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 08/05/2021

	Acc#I20160000072					
Name:	MRC FLORIDA, LLC					
Document #:						
Order #:	13814007					
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of:						
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Thank you!

#### COVER LETTER

	stration Section ion of Corporations					
SUBJECT:	MRC Florida, LLC					
_	Name o	f Limited Liability Company				
The enclosed 'Existence, and	"Application by Foreign Limited Liability Col check are submitted to register the above refe	impany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida.				
Please return a	all correspondence concerning this matter to the	ne following:				
	Stacey Duncan					
Name of Person						
	Dentons US LLP	. Ti				
		Firm/Company				
	4520 Main Street, Suite 1100	i   1 				
		Address				
	Kansas City, MO 64111	ri Ur				
	City	/State and Zip Code				
	stacey.duncan@dentons.com	( ) (1				
	E-mail address: (to be us	sed for future annual report notification)				
For further inf	formation concerning this matter, please call:	i.				
Stacey Duncan		816 460-2557 at ( )				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				
		Tallahassee, FL 32303				
	osed is a check for the following amount: se make check payable to: FLORIDA DEPAI	RTMENT OF STATE				
	125.00 Filing Fee \$\square\$ \$130.00 Filing Fee & Certificate of \$	\$\$\$\$55.00 Filing Fee & S160.00 Filing Fee, Certificate				

## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MRC Florida, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LL.C." or "LUC.") (Jurisdiction under the law of which fereign limited liability company is organized) July 27, 2021 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty hability.) 3 Ada Parkway, Suite 100 3 Ada Parkway, Suite 100 (Street Address of Principal Office) Irvine, CA 92618 Irvine, CA 92618 7. Name and street address of Florida registered agent: (P.O. Box C T Corporation System Name: 1200 South Pine Island Road Office Address:

#### Registered agent's acceptance:

Plantation

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.

(City)

By: Stephanie Hencz - Assistant Secretary (Registered spent's signs fire)

Florida

		i i	, ;	
8. For initial index manage [up to six (	ing purposes, list names, title or capacity and total]:	d addre	sses of the primary m	embers/managers or persons authorized to
Title or Capacity:	Name and Address:	!	Title or Capacity:	Name and Address:
□Manager	Name: Jason S. Herthel		■Manager	Name: Alan J. Fuerstman
□Member	Address: 3 Ada Parkway, Suite 100		) □Member	Address: 3 Ada Parkway, Suite 100
■Authorized	Irvine, CA 92618		□Authorized	Irvine, CA 92618
Person		, 1	Person	
Other	□Other	1	□Other	□Other
		1		
□Manager	Name:	je.	□Manager	Name:
□Member	Address:		□Member	Address:
□Authorized		]	□Authorized	
Person		1	Person	
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		i		
□Manager	Name:		□Manager	Name:
□Member	Address:		□Member	Address:
□Authorized			□Authorized	
Person		- i   - <b>- i</b>	Person	
□Other	Other		□Other	Other
indexed individuals	Use an attachment to report more than six (6) may be added to the index when filing your	Florid	a Department of State	Annual Report form.
	tificate of existence, no more than 90 days of the law of which it is organized. (If the certifi st be submitted)			
	is executed in accordance with section 605 Coment to the Department of State constitutes a			
	SHIN		<del> : :: -</del>	
	Jason S. Herthel	are of an	authorized person	
•		d or printe	d name of signed	· <del></del>
1/21/2020 Wolters Kluwer Online		, ;		

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MRC FLORIDA, 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 FOURTH DAY OF AUGUST, A.D. 2021.

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

Authentication: 203842832

Date: 08-04-21