

12/11/2019

Division of Corporations

P1900093658

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Stratosphere Merger Sub, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FL

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12/11/2019 4:02

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Stratosphere Merger Sub, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
c/o Kingswood Capital Management, L.P.

Mailing address, if different is:

11777 San Vicente Blvd. Suite 650Los Angeles, CA 90049**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Transaction of any and all lawful business for whichcorporations may be incorporated under the Florida Business Corporation Act.**ARTICLE IV SHARES**The number of shares of stock is: 100 shares of common stock, \$0.001 par value per share.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Alex Wolf, President/DirectorName and Title: Michael Niegsch, Secretary/DirectorAddress: Kingswood Capital Management, L.P.Address: Kingswood Capital Management, L.P.11777 San Vicente Blvd., Suite 65011777 San Vicente Blvd., Suite 650Los Angeles, CA 90049Los Angeles, CA 90049Name and Title: Jim Renna, Treasurer/Director

Name and Title: _____

Address: Kingswood Capital Management, L.P.

Address: _____

11777 San Vicente Blvd., Suite 650Los Angeles, CA 90049

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System

Address: 1200 South Pine Island Road

Plantation, Florida 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Rosanne Yang

Address: 100 Northern Avenue

Boston, MA

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
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ARTICLE VIII EFFECTIVE DATE:


Effective date, if other than the date of filing: _____ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

	Olga Hinkel - VP	12/11/2019
Required Signature/Registered Agent		Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

	Date <u>12/11/2019</u>
Required Signature/Incorporator	