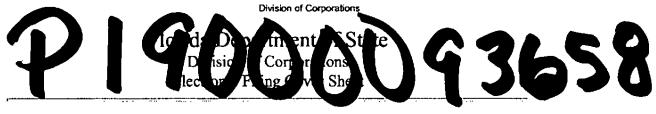
12/11/2019



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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)208-0845

Enter the email address for this business entity to be used for future in 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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Help

-	ARTICL!	ES OF	INCOR	PORA	TION
	Lans variables		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Stratosphere Merger Sub, Inc. ARTICLE II PRINCIPAL OFFICE Principal <u>street</u> address c/o Kingswood Capital Management, L.P. Mailing address, if different is: 11777 San Vicente Blvd Suite 650 Los Angeles, CA 90049 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Transaction of any and all lawful business for which corporations 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 Michael Niegsch, Secretar Name and Title: Alex Wolf, President/Director Name and Title: Kingswood Capital Management Kingswood Capital Management, L.P. Address .. Address: 11777 San Vicente Blvd., Suite 650 11777 San Vicente Blvd., S Los Angeles, CA 90049 Los Angeles, CA,90049 Name and Title: Jim Renna, Treasurer/Director Name and Title: Kingswood Capital Management, L.P. Address Address: 11777 San Vicente Blvd., Suite 650 Los Angeles, CA 90049 -Name and Title: Name and Title: Address-__ Address:

Name an	d Title:	Name and Title;	_
Address		Address:	
			
			
	REGISTERED AGENT		
The name and F	lorida 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	<u> </u>	
ARTICLE VII	INCORPORATOR	SEC SEC	200
The name and ac	tdress of the Incorporator is:	ALCA SEEL ACCOUNTS	שייי חבר ו או שי שי שי
Name:	Rosanne Yang	_ NAR T	-
Address:	100 Northern Avenue	- Set	<u>v</u>
	Boston, MA	E.S.T.A	<u>.</u>
introce to the	PERCATURE DATE	LIE :	Ē-
Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
(If an effective of filing.)	date is listed, the date must be specific and ca	nnot be more than five days prior or 90 days after the	
	inserted in this block does not meet the application of State's record	ble statutory filing requirements, this date will not be listed ds.	l as
Having been nan certificate, I am f	med as registered agent to accept service of proce famillar with and accept the appointment as regi	ss for the above stated corporation at the place designated in stered agent and agree to act in this capacity	this
	Olga Hinkel - VP	12/11/2019	
	Required Signature/Registered Agent	Date	
l submit this doc document to the	cument and affirm that the facts stated herein of Department of State constitutes a third degree fe	tre true. I am aware that the false information submitted lony as provided for in \$.817.155, F.S.	in a
		13 /11 /2001	15
Required Signati	ire/Incorporator	Date 1 2 / 13 / 2 v 1	+