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 Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
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 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

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**Foreign Limited Liability Company
Mainstream, LLC**

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Mainstream.LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Mainstream Systems, LLC

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC."

2. Kentucky
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2906514
(FBI number, if applicable)

4. 11/15/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0603 & 605.0605, F.S. to determine penalty liability)

5. 33 W. 60th St. Fl. 11
(Street Address of Principal Office)

6. 33 W. 60th St. Fl. 11
(Mailing Address)

New York, NY 10023

New York, NY 10023

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CTCorporationSystem

Office Address: 1200SouthPineIslandRoad

Plantation Florida 33324
(City) (Zip code)

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.

C T Corporation System
By: Stephanie Hencz, Assistant Secretary
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

Manager Name: Andrew Creathorn

Member Address: 33 W. 60th St. Fl. 11

Authorized New York, NY 10023

Person President and CEO

Other _____ Other _____

Manager Name: Jeffrey Gambrell

Member Address: 33 W. 60th St. Fl. 11

Authorized New York, NY 10023

Person Vice President

Other _____ Other _____

Manager Name: Michael McGovern

Member Address: 33 W. 60th St. Fl. 11

Authorized New York, NY 10023

Person Vice President and Secretary

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Imran Parekh

Member Address: 33 W. 60th St. Fl. 11

Authorized New York, NY 10023

Person Vice President and CFO

Other _____ Other _____

Manager Name: Robert Manion

Member Address: 33 W. 60th St. Fl. 11

Authorized New York, NY 10023

Person Vice President

Other _____ Other _____

Manager Name: John Lenahan

Member Address: 33 W. 60th St. Fl. 11

Authorized New York, NY 10023

Person Vice President and Treasurer

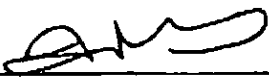
Other _____ Other _____

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



 Signature of an authorized person

Imran Parekh

 Typed or printed name of signer

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 222606
Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

MAINSTREAM, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is August 29, 2019 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS:14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 12th day of November, 2019, in the 228th year of the Commonwealth.



Alison Lundergan Grimes
Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
222606/1069840

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OFFICE OF THE SECRETARY OF STATE
FRANKFORT, KY