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DEC 1 5 2015 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 909399 7532900

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: December 11, 2015

ORDER TIME: 9:54 AM

ORDER NO. : 909389-010

CUSTOMER NO: 7532900

FOREIGN FILINGS

NAME: SN 0217, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECISTER A FOREXCY LIMITED LIABILITY COMPANY TO TRANSACTIFICENESS IN THE STATE OF PLORIDA:

, SN 0217, LLC			
A.	ign Limited Liability Company; must include "Limit	ed Liability Company," "L.L.C.," or "LLC.	7
Lisbility Company," "L.L.C,"	erosts name adopted for the purpose of transacting to "LLC.")	susiness in Plorida. The alternate name mus	t include "Limited
2. Delaware	3		
(Jurisdiction under the law of company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Florida, if	orier to registration.)	
5. 2223 Wilton Park Driv	(See sections 605.0904 & 605.0905, P.S. to de	termine penalty liability)	
Wilton Manors, FL 333	305		
6. 2223 Wilton Park Drive	(Street Address of Principal Office)		
Wilton Manora, FL 333			
	(Mailing Address)		
7. Name and street address	s of Florida registered agent: (P.O. Box NOT	acceptable)	
Name:	RA Feingold Law & Consulting, P.A.		T.
Office Address:	401 E. Las Clas Boulevard, Suite 1400	*196	15 0
	Ft. Lauderdale	Florida 33301	
Registered agent's accep	(City)	(Zip code)	Si = diament
Having been named as re	reintered agent and to accept cervice of process accept the appointment as registered agent an statustes relative to the proper and complete petition as registered agent.	d agree to act in this capacity. I furth rformance of my duties, and I am fam	er agree to contact)
	(Registered agent a sig	native)	
8. The name, title or cap: James Torrey, Manager	acity and address of the person(s) who has/have	authority to manage is/are:	
2223 Wilson Park	Drive, Wilton Manors, FL 33305		
9. Attached is a certificate jurisdiction under the law of the translator must be a	of existence, no more than 90 days old, duly as of which it is organized. (If the certificate is in abmitted)	athenticated by the official having custon foreign language, a translation of the	ody of records in the certificate under oath
	Signature of an authorize	d person	
(In accordance with section the facts stated herein are degree felony as provided	on 605.0203; P.S., the execution of this docume true. I am aware that any late information sub- for in s.817.155, F.S.)	nt constitutes an affirmation under the mitted in a document to the Department	penalties of perjury that of State constitutes a third
	James Torrey		
	Typed or printed name of	signee	

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SN 0217, 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 TENTH DAY OF DECEMBER, A.D. 2015.

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

Authentication: 10588033

Date: 12-10-15

5903359 8300 SR# 20151288034

You may verify this certificate online at corp.delaware.gov/authver.shtml