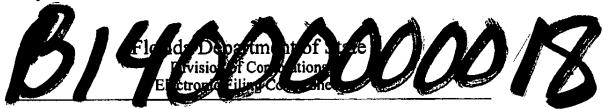
· Division of Corporations

Page I of I



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone : (850)222-1092

: (850)878-5368 Fax Number

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/FOREIGN LP/LLLP SHANER FAMILY PARTNERS L.P. Please retain original fills

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	egistration Section ivision of Con					•	
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SUBJECT		o of Foreign Limited Parts	ıcrsh	ip or Limited	Llability	Limited Partnership	
partnership	to transact bu	, certificate of status and fe siness in Florida. ndence concerning this ma			ragister	e foreign limited parmership or limited	liability limited
Nancy Ru	ah						
		Contact Person			-		
Shanor Par	mlly Partners,	L.P.					
		Firm/Company			-		
1965 Wed	dle Road						
		Address			_		
State Colk	ege, PA 16803						
	Ci	ty, State and Zip Code			-		
_	nercorp.com						
H-mall of	idress: (to be u	sed for future annual repor	rt nel	lification)	-		
Por further	information co	oncerning this matter, plea	LO CA	ll:			
Nancy Rus	ıb		a 1 1	814	, 278-7	212	
Name of Contact Person		_~``		nd Dayti	me Telephone Number		
Englosed is	a check for th	e following amount:					
(\$965 Filln \$35 Regist Fee)		CI\$1,008.75 Piling Fees and Certificate of Status		1,052.50 Pills d Certified Co		©\$1,061.25 Filing Pcc, Certified Copy, and Certificate of Status	
Registration Division of Clifton Bui 2661 Execu	Corporations	role	Roj Div P. (AILING ADE gistration Sect vision of Curp O. Box 6327 lighassee, I'L	lon crations		TALLAHASSE

Application by Foreign Limited Partnership or Limited Liability Limited Partnership To Transact Business in Plorida

Acceptable Limited Partnership suffixes: Limited Partn	ability Limited Partnership, which must include suffer) vership, Limited, L.P., LP, or Lid. es: Limited Liability Limited Partnership, L.L.LP, or LLLP.			
If name unavailable, name under which the limited part business in Fk	incrship or limited liability limited partnership proposes to register to transact orids; must contain acceptable suffix.			
Pennsylvania	3. December 31, 2001			
State or Country of Formation	Date of Permation			
1. Federal Employer Identification Number: 25-1794	453			
. Name of Registered Agent for Service of Process as				
C T Corporation System				
1200 South Pine Island Road				
Plantation, Florida 33324				
my position as registered agent. By: Componential By:	special states and I am familiar with and accept the obligations of a System Sharon R. Krasz Sharon R. Krasz Assistant Secretary 8. Mailing Address:			
1965 Waddie Road	1965 Waddle Road			
State College, PA 16803	State College, PA 16803			
1046 Waddia Boad	Name of General Partner:			
Name of General Partner:	Name of General Partner:			
Street Address:	Sircet Address:			
NA-195 - A 43 man	Mailing Address:			

Ei,
ALLAED

Name of General Partner:		1 of 2 Name of General	Pariner:
Street Address:		Blicat Addiess:	
Melling Address:		Mailing Address	:
11. Effective date, if other than the date of filing: (Affective date cannot be prior to not more than 90 days	after the da	's fijls dociunent is	filed by the Florida Department of State.)
12. Attached is a certificate of existence duly authenticat Florida Department of State, by the Secretary of State or the law of which it is organized.	erogy ton itáli plálito isrka j	dian 90 dhys prio I having custody c	r (o the delivery of this application to the of the entity's records in the jurisdiction under
Signed this 290 day of January	· 	.20_14	٠
Janu Sh	gnature of a	Sharer Phicipor	

The individual signing this document affirm that the their stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes within degree felony as provided for in s.817,155, F.S.

Ming Fees: Certified Capy (optional): Certificate of Status (optional):

\$1,000,00 (\$965 Piling Pee and \$35 Registered Agent Pee) \$52,50 \$8,75

Page 2 of 2

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

JANUARY 29, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SHANER FAMILY PARTNERS L.P.

is duly registered as a Pennsylvania Limited Partnership under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.

2014 JAN 30 AM II: 36



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth