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(Request	or's Name)
(Address)	,
(Address))
(City/Stat	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
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COVER LETTER

Tallahassee, FL 32301

TO: Registration Section Division of Corporations				
SUBJECT: BANBURY SHOPPES, L.P.				
Name of Foreign Limited Par	tnershi	ip or Limited	Liability Lin	nited Partnership
The enclosed application, certificate of status and partnership to transact business in Florida. Please return all correspondence concerning this n			o register a fo	oreign limited partnership or limited liability limited
VANESSA LAGANA				
Contact Person			_	
FOX ROTHSCHILD LLP				
Firm/Company			_	
2 S. BISCAYNE BLVD., SUITE 2750				
Address			_ _	
MIAMI, FLORIDA 33131				
City, State and Zip Code		· ··	 .	
VLAGANA@FOXROTHSCHILD.COM				
E-mail address: (to be used for future annual rep	ort not	ification)		
For further information concerning this matter, ple	ase cal	II:		
VANESSA LAGANA	at (,305	442-6544	
Name of Contact Person		\ <u> </u>	and Daytime	Telephone Number
Enclosed is a check for the following amount:				
\$1,000.00 Filing Fees \$1,008.75 Filing Fe (\$965 Filing Fee and Status Fee) \$1,008.75 Filing Fee and Certificate of Status	es 🗌	\$1,052.50 F and Certifie		\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Reg Div P. 0	AILING AD gistration Se vision of Cor O. Box 6327 llahassec, FL	ction porations	

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

D A NIDA IDA ANTON		ACT BUSINESS IN FLORIDA	
	imited Partnership or Limited Lla	bility Limited Partnership, which must include suffic	<u>r)</u>
	Partnership suffixes: Limited Partne Liability Limited Partnership suffixes	rship, Limited, L.P., LP, or Ltd. :: Limited Liability Limited Partnership, L.L.L.P. or LL	LP.
If name unavailable		nership or limited liability limited partnership proposes rida; must contain acceptable suffix.	to register to transact
2. STATE OF PENN	SYLVANIA	3. 10/19/2004	<u></u>
	ate or Country of Formation	Date of Formation	
4. Federal Employe	r Identification Number: 20-18137	85	
	ed Agent for Service of Process an		17 AUG 21 PH DIVISION OF EQUAL
1540 GLENWAY D	R.		10H 0
TALLAHASSEE, F	LORIDA 32301		7 COr 72
6. I hereby accept th of all statutes rela my position as reg	tive to the proper and complete perf	nd agree to act in this capacity. I further agree to comp formance of my duties, and I am familiar with and accept Assistant Secretary	oly with the prov ici ons
	Sign	ture of Registered Agent	
7. Principal Office:		8. Mailing Address:	
707 EAGLEVIEW I	BLVD.	707 EAGLEVIEW BLVD.	
EXTON, PA 19341		EXTON, PA 19341	
	rship is a limited liability limited p		
Name of Genera	BANBURY SHOPPES, IN	NC. Name of General Partner:	
Street Address:	707 EAGLEVIEW BLVD.	Street Address:	
0.10017.1001000.	EXTON, PA 19341		
Mailing Address	707 EAGLEVIEW BLVD.	Mailing Address:	
	EXTON, PA 19341	·	
Name of Genera	il Partner:	Name of General Partner:	<u>·</u>
Street Address:		Street Address:	
Mailing Address	s:	Mailing Address:	

			_	
Name of Gener	al Partner:	Name of General l	Partner:	-
Street Address:		Street Address: _		-
Mailing Addres	ss:	Mailing Address:		-
<i>(Effective date cam</i> Note: If the date in	if other than the date of filing:not be prior to nor more than 90 days serted in this block does not meet the ve date on the Department of State's re-	after the date this document is applicable statutory filing requ	filed by the Florida Department of State.) irements, this date will not be listed as the	
Florida Departmen the law of which it	t of State, by the Secretary of State or	other official having custody o	r to the delivery of this application to the of the entity's records in the jurisdiction under	
	Sig	gnature of a general partner	·	
The individual sign submitted in a docr	ning this document affirms that the fac	ets stated herein are true and the stitutes a third degree felony as	e individual is aware that false information provided for in s.817.155, F.S.	
Ī	Filing Fees:	\$1,000.00 (\$965 Filing F	Fee and \$35 Registered Agent Fee)	
. (Certified Copy (optional):	\$52.50	# 1	
(Certificate of Status (optional):	\$8.75	17 AUG 24 PH 4: 12	Π
		Page 2 of 2	© 2 F	

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

07/26/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BANBURY SHOPPES, 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.



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

Certification Number: TSC170726110688-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify