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| | Requestor's Name) | |
|----------------------|-------------------------|--|
| (| Address) | |
| | Address) | |
| (| City/State/Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| | Business Entity Name) | |
| (| Document Number) | |
| Certified Copies | Certificates of Status | |
| Special Instructions | to Filing Officer: | |
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| | | |

Office Use Only

M. MOON NOV 20 2017

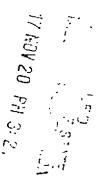


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Filing Cover Sheet

o: Florida Division of Corporations

rom: Kim Tadlock C/O Capitol Services, Inc.

ate: 11/20/2017

rans#: 943436

Intity Name:

1.) CS1031 TAMPA PHARMA, DST___/

Articles Incorporation ()

Articles of Amendment ()

Articles of Dissolution ()

Conversion ()

Foreign Qualification ()

Limited Liability ()

Limited Partnership ()

Reinstatement ()

Withdrawal / Cancellation ()

Other (XX = TRUST FILING)

TATE FEES PREPAID WITH CHECK#1104 FOR \$367.50

LEASE RETURN:

ertified Copy (XX) Plain Photocopy ()

iood Standing (XX) Certificate of Fact ()

Phone: 855-498-5500

AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE TO FILE OR QUALIFY

| - | CS1031 Tai | mpa Pharma, DS | <u> </u> | |
|--|--|---|--|-----------------------|
| | A Delawa | re statutory | TRUST | |
| | Declarations | of Trust, the unc | orida Statutes, perta lersigned, the Chai a, DST | - |
| Delaware statuto | | (Name | of Trust) ns in order to file (| or qualify |
| (State) | | • | iis iii order to me t | or quarry |
| CS1031 Tampa | - | | in the State | e of Florida. |
| | (Name of Tru | ist) | | |
| 1. Two or more | persons are | named in the Tr | ust. | |
| 2. The principal | address is | | | = - |
| | |), Glen Allen, VA | 23060 | ACM / E |
| | | | | <u>2</u> 0 |
| 3. The registered InCorp Service | | street address in | the State of Florid | la is: \mathbb{Z}^2 |
| 47000 6745 6 | | | 470 | <u>ှင့</u> က |
| 17000 07111 COL | TO NOTHI, LOX | kahatchee, FL 33 | | · |
| agent to accept at the place dependence of the place dependence of the place dependence of the place of the p | pt service of esignated in ent and agree | f process for the this affidavit, I e to act in this ca | Joanna Fernandez o | aration of Trust |
| <i>,</i> | //*(5 | Signature of Registere | d Agent) | |
| , | V | Signature of Registero | | |
| | v the attached | is a true and cor | rect copy of the Do es to conduct its bu | |
| Trust under w ⇒ Florida. | V the attached which the ass | is a true and cor | rect copy of the De | |
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| Trust under w Florida. | V the attached which the ass | is a true and corsociation propose | rect copy of the Does to conduct its bu | |

My conviction applicate: 9/30/2

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:44 PM 10/27/2017
FILED 02:44 PM 10/27/2017
SR 20176824274 - File Number 6594889

CERTIFICATE OF TRUST

OF

CS1031 TAMPA PHARMA, DST

This Certificate of Trust of (the "Trust") is being duly executed and filed by the undersigned, to form a statutory trust under the Delaware Statutory Trust Act (12 Del.C. sec. 3801 et seq.)

- 1. The name of the statutory trust formed by this Certificate of Trust is CS1031 Tampa Pharma, DST
- 2. The name and business address of the Delaware Trustee in the State of Delaware is Sorensen Entity Services LLC, 1201 N. Orange St., Suite 7044, Wilmington, DE 19801.
- 3. This Certificate of Trust shall be effective as of the date of filing by the Delaware Secretary of State.

IN WITNESS WHEREOF, the undersigned, being the Trustee of the Trust, has executed this Certificate of Trust as of October 27, 2017.

TRUSTEE:

Jellrey A. Gregor,

Sorensen Entity Services LLC, not in its individual capacity bay solely as Delaware trustee

Chris Sørensen,

Manager of Serensen Entity Services LLC