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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03/28/14

NAME:

BRIDGETON CAPITAL MANAGEMENT, INC.

TYPE OF FILING: FOREIGN CORPORATION

COST:

70.00

. RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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APPLICA		ION FOR AUTHORIZATION TO TRANSAC IN PLORIDA	理問
IN COMPLIANCE REGISTER A FOR	WITH SECTION 607.1503, FLORIDA S REIGN CORPORATION TO TRANSACT	TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.	A A A
Bridgeton Capital Management, Inc.			333
(Enter name of co	prporation; must include "INCORPORATED, prp." "Inc." "Ca," or "Carp.")		OF STATE
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	_ jp>
<sub>2.</sub> Pennsylva		33-0747987	
(State or country u	under the law of which it is incorporated)	(FEI number, if applicable)	-
4. 2/7/2000	5.	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	~
6			
	(Date first transacted business i	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	_
4647 Sauc		5, Center Valley, PA 18034	
<u> </u>	(Principal office add		-
14647 Sau	icon Creek Road, Suite 20	5, Center Valley, PA 18034	
	(Current mailing add	ress)	-
8. Act as Gene	eral Partner to Bridgeton Real Fu	nd I, L.P., which owns real estate in Florida	I
(Purpose(s)	of corporation nuthorized in home state or co	ountry to be carried out in state of Florida)	_
9. Name and street	taddress of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	John Malek	•	
Office Address:	2190 47th Terrace		
	Vero Beach	, Florida 32966	
	(City)	(Zip code)	
Having been name		nce of process for the above stated corporation at the ment as registered agent and agree to act in this cap	

(Registered agent's signature)

duties, and I am familiar with and accept the obligations of my position as registered agent.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS Stophon Posomo		
Chairman: Stephen Roseme Address: 2329 Riverbend Road, Allentown, PA 18103		<del> </del>
Address:	Z.ia	
Vice Chairman:		4 MAR
Address:	\$ 15 m	28
. reditoss.		A
	ES.	ထဲ
Director:	<b>2</b> G	<u> </u>
Address:		
		<del></del>
Director:		
Address:		
B. OFFICERS		
President: Stephen Roseme		
Address: 2329 Riverbend Road, Allentown, PA 18103		
Vice President:		
Address:		
Secretary: Stephen Roseme		
Address: 2329 Riverbend Road, Allentown, PA 18103		
Treasurer: Stephen Roseme		
Address: 2329 Riverbend Road, Allentown, PA 18103		
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or directors	
	androi directors.	
Signature of Director or Officer	— <del>12 / 1 20 / 12 / 12 / 12 / 12 / 12 / 12 </del>	
The officer or director signing this document (and who is listed in number 12 above) affirms the are true and that he or she is aware that false information submitted in a document to the Depart a third degree felony as provided for in s.817.155, F.S.		
Stephen Roseme, President		

(Typed or printed name and capacity of person signing application)

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

MARCH 28, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### BRIDGETON CAPITAL MANAGEMENT, INC.

Is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation 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. 14 MAR 28 AM 8: 21 解UNING OF STATE AND ANSSEE, FLORBA



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: 11727712-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp