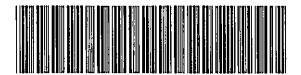
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SECRETARY OF STATE

S. WARREN FEB 1 9 2018

COVER LETTER

Division of Corporations		
SUBJECT: CSS OPERATING CO	ep.	
Name of corporation -	must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business	ing" and check are submitted to register the	
Please return all correspondence concerning this matter t	o the following:	
JEN LOUCKS		
Name of Pe	erson	
CSS OPERATING CO	KP	
Firm/Comp.	any	
246 CENTERVILLE RD	. GTE 10	
Address	S	
LANCACTER, PA 1 City/State and	7603	
City/State and	Zip code	
tax e chartwell 64 G. E-mail address: (to be used for	Com	
E-mail address: (to be used for	r future annual report notification)	
For further information concerning this matter, please cal	II:	
JEN LOUCKS at 717	208 - 6401	
Name of Person Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
	\$78.75 Filing Fee & \$87.50 Filing Fee. Certified Copy Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. <u>CSS OPERATING</u> CORP			
(Enter name of corporation; must include "INCORDOR A TECH "	"COMPANY." "CORPORATION"		
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	the cold oration,		
(If name unavailable in the			
(If name unavailable in Florida, enter alternate corporate name ado	opted for the purpose of transacting business in Florida)		
2. PENNSYLVANIA	82-3355412		
(State or country under the law of which it is incorporated) (FEI number, if applicable)			
43 28 2017	(a manuser, ii applicable)		
(Date of incorporation) 5.	(Date of duration is all		
61 2018	(Date of duration, if other than perpetual)		
(Date first transacted business in Flo	orido 16 - 1		
000 000 10143 007,1301 & 007,1302,	F.S., to determine penalty liability)		
7. 245 CENTERVILLE RD., STE D	1 4 1		
(Principal of	MICASTER, VA 17603 Mice address)		
(Current mailing ad	dress if different)	ಹ .	
	रू हैं	833	
Name and <u>street address</u> of Florida registered agent: (P.O. Bo	OX NOT accentable)	₩.	$\overline{\mathbf{L}}$
Name: COUPNIN (1) ORAL WILL	ino racceptable)	\$	
STORY GOODE INC.	· mo	3	
Office Address: 116 NORTH CALHOUN ST,	STE4	ယ္	
TALLAHASSPE.	Florida 32301	26	
(City)	(Zip code)		
Danintana	C. th. second		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Vice Chairman: Address: B. OFFICERS President: ADAM KIDAN CENTERVILLE RD, STE 10 STE A COO EAST IMPERIAL HIGHWAY NORWALK, CA 90050 Address: Address: 245 CENTERVILLE RED, STE 10 LANCASTER, PA 17603 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 2115/18 Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 13. J. TODO OKEN

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

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

02/05/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CSS Operating Corp

is duly registered as a Pennsylvania PA Non Stock Corporation 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.

THE COALDON WILLIAM STATE OF THE COALDON WILL

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

Acting Secretary of the Commonwealth

Certification Number: TSC180205171564-1

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