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(Requestor's Name)
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COVER LETTER

TO: Registration Se	ection					
Division of Co	sing IX, Inc.					
SUBJECT:		on - must include suffix				
Dear Sir or Madam:						
"Certificate of Existent	tion by Foreign Corporation for e," or "Certificate of Good St gn corporation to transact busi	SUGING WITH CHECK THO 20.	act Business in Flor bmitted to register	rida," th e	2	
Please return all corress	condence concerning this mat	ter to the following:		<u> </u>	919	
Libby Williams				7.3	7	
	Name o	of Person			~	-11/
Mundt MacGregor L.L.P.					2019 KAY 17	
	Firm/Co	mpany			PX	0
271 Wyatt Way NE, Suite 106					<u></u>	
	Add	iress			PM 4: 12	
Bainbridge Island, Washi	ngton 98110			. '		
	City/State	and Zip code				
lwilliams@mundtmac.com	n					
	E-mail address: (to be used	for future annual report	notification)			
For further information	concerning this matter, please	call:				
Libby Williams	206 at (624-5950				
Name of Person		de Daytime Telep	hone Number	•		
STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7			
Enclosed is a check for t	he following amount:					
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate of Certified Cortified	f Status &		

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. ASC Leasing IX, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware (State or country under the law of which it is incorporated (FEI number, if applicable) Perpetual (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 415 McFarlan Road, Suite 205, Kennett Square, Pennsylvania 19348 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) 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. By: Corporation Service Company Ashley Isbert. Assistant VP (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.

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II. Na	mes and business addresses of officers and/or directors:	
A. DII	RECTORS	
Chairma	ın:	
Address	:	
Vice Ch	airman:	
Address:		
Director:		
Address:	415 McFarlan Road, Suite 205	<u> </u>
	Kennett Square, Pennsylvania 19348	
Director:	Ross Camardella	
Address:	415 McFarlan Road, Suite 205	20
	Kennett Square, Pennsylvania 19348	9 #
B. OFF	ICERS	7
President:	Leigh Jaros	
Address:	415 McFarlan Road, Suite 205	
	Kennett Square, Pennsylvania 19348	
Vice Presi	N/A dent:	
Address:		<u> </u>
		
Secretary;	Leigh Jaros	
-	415 McFarlan Road, Suite 205, Kennett Square, Pennsylvania 19348	
Treasurer:	Leigh Jaros	
Address:	415 McFarlan Road, Suite 205, Kennett Square, Pennsylvania 19348	
NOTE: 1	f necessary, you may attach an addendum to the application listing additional officers and/or	4:
12		directors.
The office	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the fa	
are not a	nd that he or she is aware that false information submitted in a document to the Department of gree felony as provided for in s.817.155, F.S.	cts stated herein State constitutes
a mind de	Jaros, President	
13	(Typed or printed name and capacity of person signing application)	

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASC LEASING IX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2019.

Authentication: 202575552

Date: 04-03-19