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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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CR2E027 (9/10)

TO:

Registration Section Division of Corporations

COVER LETTER

SUBJECT: Utilipath, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Angelia Ryan Name of Person
Utilipath, LLC Firm/Company
136 Corporate Park Drive Suite G
Mooresville, NC 28117 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: (-336) 548 5519 Angelia Pyan at (+04) (058 3782 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy S160.00 Filing Fee, Certificate of Status & Certified Copy





FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 10, 2014

ANGELIA RYAN 136 CORPORATE PARK DRIVE STE G MOORESVILLE, NC 28117

SUBJECT: UTILIPATH, LLC Ref. Number: W1400002170

We have received your document for UTILIPATH, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 014A00000742

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Utilipath LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternability Company," "L.L.C." or "LLC.")	
. DE	
2. (Jurisdiction under the law of which foreign limited liability company is organized) (FM number, if a	applicable)
4.	. 7
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	Ec +
5. 136 Corporate Park Drive., Suite G	ARE IZ
Mooresville, NC 28117	SS 3
(Street Address of Principal Office)	Es E
6. same	ORIDA DRIDA
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to	to manage is/arc:
(1) Joaquin Luna, 136 Corporate Park Dr., Mooresville, NC 28117 (2) B	axter M Hayes Jr.
136 Corporate Pk Dr., Mooresville, NC 28117 (3) Steven Hobman, 555 E.Lance	aster Ave., Ste 444,
Radnor, PA 19087 (4) Anne Vazquez, 555 E Lancaster Ave Ste 444, R	adnor, PA 19087
8. Attached is an original certificate of existence, no more than 90 days old, duly authoring custody of records in the jurisdiction under the law of which it is organized, acceptable. If the certificate is in a foreign language, a translation of the certificate unust be submitted)	(A photocopy is not
	·
Signature of an authorized person (In accordance with section 605.0203, f.S., the execution of this document constitutes an affirmation under the penalties of p am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as p	
Joaquin Luna	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: Utilipath, LLC			
If unavailabl	le, the alternate to be used in the state of Florida is:		
2. The name	e and the Florida street address of the registered agent and office are Business Filings Incorporated	SECRETARY TALLAHASSE	
	(Name)	23 NRY SSEE	
	515 Park Ave	AM II OF ST	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	II: 5L TATE ORIDA	U
	Tallahassee FL 32301		
	City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

May & Spalinger, Asst. Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UTILIPATH, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UTILIPATH, LLC" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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131225840 You may verify this certificate online at corp.delaware.gov/authver.shtml jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 0835336

DATE: 10-23-13