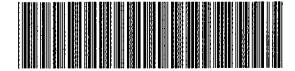
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(R	(equestor's Name)	
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•	city/State/Zip/Phone	
PICK-UP	WAIT	MAIL
(B	Business Entity Nan	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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DIVISION OF STATESTALLS

DEPARTMENT OF STATE

J. HARRIS



UN SERVICE CUMPANY						
ACCOUNT NO. : 12000000195						
REFERENCE : 197545 4809298						
AUTHORIZATION : MILLERAN						
COST LIMIT : \$125.00						
ORDER DATE : June 27, 2014						
ORDER TIME : 10:24 AM						
ORDER NO. : 197545-005						
CUSTOMER NO: 4809298						
FOREIGN FILINGS						
NAME: SYMPHONY WORKPLACES OF PALM BEACH, LLC						
XXXX QUALIFICATION (TYPE: LL)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Emily Gray EXT# 62925						
EXAMINER:						

#### 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. Symphony Workplaces of Palm Beach, LLC		
(Name of Foreign Limited Liability Company, must include "Limited Li	iability Company," "L.L.C.," or "LLC.")	<del></del>
(If name unavailable, enter alternate name adopted for the purpose of transacting busing	ness in Florida. The alternate name must in	clude "Limited
Liability Company," "L.L.C," or "L.L.C.")  2. Delaware  3		
(Jurisdiction under the law of which foreign limited liability	(FEI number, if applicable)	
company is organized)	, , , , , , , , , , , , , , , , , , ,	DIVISIVIE
4. (Date first transacted business in Florida Mariness	to moderation	<u>\$</u>
(Dzie first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determ	* * * * * * * * * * * * * * * * * * * *	
<sub>5.</sub> 89 Headquarters Plaza, North Tower, 14	th Floor	ا الله الله الله الله الله الله الله ال
Morristown, NJ 07960		
(Street Address of Principal Of	flice)	<u> </u>
6, 89 Headquarters Plaza, North Tower, 14	th Floor	— <sub>***</sub>
Morristown, NJ 07960		
(Mailing Address)	<del></del>	<del></del>
7. The name, title or capacity and address of the person(s) who h	nas/have authority to manage is/s	ATE:
Nick Logothetis, Member		
	Eloor	<del></del>
89 Headquarters Plaza, North Tower, 14th I	LIOOI	
Morristown, NJ 07960		
3. Attached is an original certificate of existence, no more than 90 naving custody of records in the jurisdiction under the law of whice exceptable. If the certificate is in a foreign language, a translation nust be submitted)	ch it is organized. (A photocopy	is not
mA		
Signature of an authorized in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation sware that any false information submitted in a document to the Department of State constitute.	ion under the penalties of perjury that the facts	stated berein are true. .155, F.S.)
Nick Logothetis, Member		-
Typed or printed name of sig	gnec	

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUAN'T 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 o	f the Limited Liability C	Company is:		
Symphony Wo	rkplaces of Palm Beach, LLC			
If unavailable,	the alternate to be used i	in the state of Florida is:		
2. The name a	nd the Florida street add	ress of the registered agent and office are:		
	Corporation Service Cor	mpany	, 😊	)
		(Name)		
	1201 Hays Street		JUN 30	漢 2 3 寸 ~
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		O 15	
	Tallahassee	FL, 32301		ij≅C ijS ijF
		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.

By: 11 (Signature)

Melissa G. Kostrzewski, Assistant Vice President

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

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SYMPHONY WORKPLACES OF PALM BEACH,

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-SEVENTH DAY OF

JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYMPHONY WORKPLACES OF PALM BEACH, LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2014.

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

5555785 8300

140896202

AUTHENTY CATION: 1494784

DATE: 06-27-14

You may verify this certificate online at corp.delaware.gov/authver.shtml