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J. HARRIS

FILE FIRST PLEASE.

TO NOT SEPARATE.

THANKS! *

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION : C

COST LIMIT :

ORDER DATE : July 10, 2015

ORDER TIME : 10:17 AM

ORDER NO. : 704213-055

CUSTOMER NO: 7230352

FOREIGN FILINGS

NAME: PROQUEST ASSOCIATES III 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: Melissa Zender -- EXT# 62956

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of For	eign Limited Liability Company; must	melude Emited Dia	omity company, E.E.C., C	n bbc.)
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose of "cr"LLC.")	of transacting busines	s in Florida. The alternate n	ame must include "Limited
2. DELAWARE		3. 20-0992451		
	of which foreign limited liability	J	(FEI number, if applicable	e)
4	(Date first transacted business (See sections 605.0904 & 605.09	s in Florida, if prior to 905. F.S. to determine	registration.) e penalty liability)	
	BEACH ROAD, #108-190	, t. t		
NAPLES, FL 31409				
•	(Street Address of Pri	•		
6. PO Box 406			***	- 출위 대
Buckingham, PA 1891	2			
	(Mailing Ac	ldress)		FIL L 29
7. Name and street addres	ss of Florida registered agent: (P.O	. Box NOT accept	able)	
Name:	Corporation Service Company		-	AH 9.
Office Address:	1201 Hays Street		_	₩ 36
	Tallahassee		Florida <u>32301</u>	
Registered agent's accep	(City)		(Zip code)	
Having been named as re this application, I hereby with the provisions of all .	gistered agent and to accept servic accept the appointment as register statutes relative to the proper and ition as registered agent. Corporation Service Company By:	red agent and agred complete performa	e to act in this capacity.	l further agree to comply
8. The name, title or capa	acity and address of the person(s) w	vho has/have author	rity to manage is/are:	
·	aging Member, PO Box 406, Buck		· ·	
				
	Juga Pe af		gn language, a translation	
701 · 1	_	•		
	I in accordance with section 605.02 the Department of State constitute PASQUALE DEANGELIS			

Typed or printed name of signee

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "PROQUEST ASSOCIATES III 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-EIGHTH DAY OF JULY, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROQUEST ASSOCIATES III LLC" WAS FORMED ON THE TENTH DAY OF FEBRUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3763233 8300

151103481

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 2596319

DATE: 07-28-15

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