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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

: (770)777-2091

Phone Fax Number

: (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company PQ REAL ESTATE LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 04 |
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SEP 1 4 2015

Electronic Filing Menu

Corporate Filing Menu

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| | | | | Sł | aron K. Gray | | | | | | |
| | | | | | | | Name of Person | | | | |
| | | | | Tr | riad Profession | al Services, LLC | | | | | |
| | | | | _ | | | Firm/Company | | | | |
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| | | | | | Name of | Contact Person | Area Code | Daytime Tel | ephone Nun | nber | 第 刊 |
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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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| PQ Real Estate LLC | | | | |
|--|--|--|---|--|
| (Name of Fore | ign Limited Liability Company; must | include "Limited Liabi | lity Company," "L.L.C.," or " | I.C.") |
| PQ Real Estate Florida LL | <u>c</u> | | | |
| Liability Company," "L.L.C," | ternate name adopted for the purpose for "LLC.") | of transacting business | in Florida. The alternate name | must include "Limited |
| 2. Delaware | | 3 | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | | (FEI number, if applicable) | |
| 4. Upon Qualification | | | | |
| | (Date first transacted business (See sections 605.0904 & 605.0 | s in Florida, if prior to r 1905, F.S. to determine p | egistration.) penalty liability) | |
| 5. 200 Crescent Court, St | uite 1600 | | | |
| Dailas, Texas 75201 | | | | |
| 4 | (Street Address of Fr | incipal Office) | <u> </u> | |
| 6. 330 Carswell Avenue | | | | |
| Holly Hill, FL 32117 | | | | |
| | (Mailing A | ddress) | | ு க் |
| 7. Name and street address | g of Florida registered agent: (P.C | D. Hox NOT accepta | ole) | |
| Name: | CT Corporation System | | | 三 第 五 |
| Office Address: | 1200 South Pine Island Road | | | |
| | Plantation | | , Florida <u>33324</u> | |
| Registered agent's accep | (City) | | (Zip code) | 五次 董 |
| designated in this applicate complywith the provision | gistered agent and to accept servition, I hereby accept the appointments of all statutes relative to the pmy position as registered agent. | nent as registered ag | ent and agree to act in this | capacity. I further agree |
| | (Registo | ned agent's signature) | ······································ | |
| 8. The name, title or caps | acity and address of the person(s) | who has/have authoric | y to manage is/are: | |
| Product Quest Manufactu | ring, LLC, sole member | | | |
| | | | | |
| | | | | |
| 9. Attached is a certificate jurisdiction under the law of the translator must be si | of existence, no more than 90 day of which it is organized. (If the co- ubmitted) | s old, duly authentics difficators in a foreign | ated by the official having contact anguage, a translation of | sustody of records in the the certificate under oath |
| | Signature | of an authorized person | | |
| | in accordance with section 605.03 the Department of State constitut | | | |
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| | | inted name of signes | | |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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|---|---|--|---|---|
| PQ Real Estate LLC | | | | |
| (Name of Per | oign Limited Liability Company; m | ust include "Limited Li | ability Company,""L.L.C.," or | "LLC.") |
| PQ Real Estate Florida L | | | | |
| Liability Company," "L.L.C, | liernate name adopted for the purpo " or "LLC.") | se of transacting busine | ss in Florida. The alternate nam | e must include "Limited |
| 2. Delaware | | 3. | • | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | • | (FBI number, if applicable) | |
| 4. Upon Qualification | | | | |
| ** | (Date first transacted busin (See sections 605,0904 & 603 | iess in Florida, if prior to 5.0905, P.S. to determin | o registration.) e penalty liability) | • |
| 5. 200 Crescent Court, 5 | uite 1600 | | | |
| Dallas, Texas 75201 | | | | ा ज |
| | (Street Address of | Principal Office) | | 3 00 - |
| 6. 330 Carswell Avenue | | | | 그의 무그 |
| Holly Hill, FL 32117 | | | | |
| | (Mailing | Address) | | 一道。上 |
| 7. Name and street address | s of Florida registered agent: (P | O. Box NOT socopi | able) | 四沙雪 |
| Name: | CT Corporation System | | _ | |
| Office Address: | 1200 South Pine Island Road | | _ | 200 |
| | Plantation | | _, Plorida | |
| | (City) | | (Zip code) | |
| devianated in this applica- | gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. | tment as registered o proper and complete | gent and agree to act in this | capacity. I further agree and I am familier with and |
| 8. The name, title or cans | city and address of the person(s) |) Who has/have author | ity to manage is/are: | |
| Product Quest Manufactur | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • | |
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| | | | | ************************************* |
| 9. Attached is a certificate jurisdiction under the law cof the translator must be au | of existence, no more than 90 da of which it is organized. (If the calbinitted) | nys old, duly authentic ertificate is in a foreig | ated by the official having or in language, a translation of t | ustody of records in the the certificate under oath |
| | Signature | of an authorized person | 1 | |
| | in accordance with section 605.0 the Department of State constitu | | | |
| | Nirav Shah | | | |
| | Typed or p | rinted name of signos | | |

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PQ REAL ESTATE 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 FOURTEENTH DAY OF AUGUST, A.D. 2015.

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

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at corp.delaware.gov/authwer.ahtml

AUTHENTX CATION: 2646124

DATE: 08-14-15

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