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SECRETARY OF STATE

OCT 02 2015

S. YOUNG

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 816643

AUTHORIZATION

COST LIMIT : U\$ 125.00

ORDER DATE: October 1, 2015

ORDER TIME : 2:49 PM

ORDER NO. : 816643-005

CUSTOMER NO: 4302675

FOREIGN FILINGS

NAME: LSA BROOKSVILLE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

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:

LSA Brooksville, LLC	USINESS IN THE STATE OF FLORIDA;		
(Name of For	reign Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or	"LLC.")
Liability Company," "L.L.C	alternate name adopted for the purpose of transac," or "LLC.")	ting business in Florida. The alternate nam	ne must include "Limited
2. Delaware	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Florid	a if prior to registration)	
	(See sections 605.0904 & 605.0905, F.S. 1	o determine penalty liability)	
5. 717 Light Street		<u> </u>	
Baltimore, MD 21230			
	(Street Address of Principal Off	fice)	
5. 717 Light Street			meli a esta
Baltimore, MD 21230			
	(Mailing Address)	· · · · · · · · · · · · · · · · · · ·	一路司工
7. Name and street addres	s of Florida registered agent: (P.O. Box No.	OT acceptable)	罗盖 上 [
Name:	Corporation Service Company		期间
Office Address:	1201 Hays Street		25 % o
	Tallahassee	, Florida <u>32301</u>	電影 6
	(City)	(Zip code)	علق
lesignated in this applicate complywith the provision	gistered agent and to accept service of proceedion, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. (Registered agent's	gistered agent and agree to act in this complete performance of my duties, CO Ass	capacity. I further agree
8. The name, title or capa Mason Mednick, Manager	city and address of the person(s) who has/ha	ive authority to manage is/are:	····
717 Light Street			
Baltimore, MD 21230			
urisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is abmitted) Signature of an author in accordance with section 605.0203 (1) (b) the Department of State constitutes a third of	in a foreign language, a translation of interest in a foreign language, a foreign	false information
ивпицес ил а досители то	Mason Mednick	agive tolony as provided to the state.	•
	Typed or printed name	of signee	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LSA BROOKSVILLE, 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 FIRST DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LSA BROOKSVILLE, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2015.

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



Authentication: 10164861

Date: 10-01-15

5831899 8300 SR# 20150342455

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