

Ø 001 Page 1 of 1

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From:

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Phone

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Fax Number

: (215)977-9386

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## Foreign Limited Liability Company THE MICHAELS DEVELOPMENT COMPANY 2, LL

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Name of Foreign Limited Liability Company; "LLC." or "LLC.")  (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The elternate name must include "Limited Liability Company," "LLC." or "LLC.")  New Jersey.  (Outginetian under the law of which foreign limited liability weights in Florida, if prior to registeration.  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability)  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability)  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability)  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability)  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability)  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability)  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability)  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability)  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability)  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability)  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability)  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability)  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability liability)  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability)  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability liability)  (See rections 605.0904 & 605.0903, F.S. to determine plantity liability liabi		BUSINESS IN THE STATE OF FLORIDA: EVELOPMENT COMPANY 2, LLC		
2. New Jersey Consideration under the law of which foreign limited liability  4. (Date trial transacted business in Florida, if prior to registimition) (See sections 603.0904 & 603.0903, F.S. to determine phraity liability)  5. 3 East Stow Road, Suite 100, Markon, NJ 08053  (Street Address of Frincipal Office)  6. 3 Bast Stow Road, Suite 100, Markon, NJ 08053  (Meilling Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: NRAI Services, Inc.  Office Address: 1200 South Pine Island Road  Plantation  (City)  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company at the place insignated in this application, I hareby accept the appointment as registered agent and agree to act in this capacito. I further age of complying the provision of all statutes relative to the proper and complete performance of my during all am familiar with accept the obligations of my position as registered agent's signature)  8. The name, title or capacity and address of the persona(s) who has/have authority to manage is/are:  The Michaels Development Holding Company, L.L.C., Member, 3 E. Stow Rd., Suite 100, Mariton, NJ 08053  The Michaels Development Company I, L.P., Member, 3 E. Stow Rd., Suite 100, Mariton, NJ 08053  The Michaels Development Company I, L.P., Member, 3 E. Stow Rd., Suite 100, Mariton, NJ 08053  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the unded city of the proper of a behaviority of person  Signature of abbushorized person  This document is executed in accordance with section 605 0203 (1) (b), Florida Statutes. I am aware that any false information			ed Liability Company," L.L.C.," or	"LLC."
2. New Jersey  [Jurisgletton under the law of which foreign limited liability  6. (PHI number, If applicable)  4. (Date line transacted business in Florida, If prior to registration)  (See sections 603.0004 & 603.0005, F.S. to determine plansity itability)  5. 3 East Stow Road, Suite 100, Mariton, NJ 08053  (Sireet Address of Principal Office)  (Sireet Address of Principal Office)  (Mailing Address)  7. Name and gtreet address of Florida registered agent: (P.O. Box NOT acceptable)  Name: NRAI Services, Inc.  Office Address: 1200 South Pine Island Road  Plantation (City)  Registered agent's acceptance:  (City)  Registered agent's acceptance:  (City)  Registered agent and agreet on a set in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further age of complywith the provisions of all statutes relative to the proper and complete performance of my dustics, and I am familiar with accept the obligations of my position as registered agent?  Candice Pigneatro  Assistant Secretary  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/ore:  The Michaels Development Holding Company, L.L.C., Member, 3 E. Stow Rd., Suite 100, Mariton, NJ 08053  The Michaels Development Company I, L.P., Member, 3 E. Stow Rd., Suite 100, Mariton, NJ 08053  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of seconds in the arisdiction under the law of which it is organized. (If the certificate is in § foreign language, a translation of the certificate under oat fit the translator must be submitted)  Signature of mbulhorized person  this document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information	(If name unavailable, enter	alternale name adopted for the purpose of transacting b	ousiness in Florida. The alternate name	e must include "Limited
Company is organized   Company is organized   Company is organized	•	-, or also, )		
(City)  Registered agent's acceptance:    Author bear mand a registered agent and to accept service of process for the above stated limited liability company at the place playment the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position registered agent.    Cancice Pignetaro   Cancice Pignetaro   Cancice Pignetaro   Cancice Pignetaro   Cancice Pignetaro	(Jurisdiction under the las	w of which foreign limited liability	(FEI number, if applicable)	
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M BURR KEIM CO (((H150002419333)))

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

## THE MICHAELS DEVELOPMENT COMPANY 2, LLC

0600407081

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 24, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Michael J. Levitt 3 E. Stow Road Suite 100 Marlton, NJ 08053

THE STATE OF

Certification# 137405402

IN TESTIMONY WHEREOF, Thave hereunto set my hand and affixed my, Official Seal at Trenton, this 8th day of October, 2015

Robert A. Romano

Robert A Romano
Acting State Treasurer

Verify this certificate at https://wwwh.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp