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Electronic Filing Menu Corporate Filing Menu

Help

APPLICATION BY	FOREIGN LIMITED LIABILITY COMI	ANY FOR AUTHORIZATION TO TRANSA	CT BUSINESS
_ `	IN FLO		
COMPANY TO TRANSACT	BUSINESS IN THE STATE OF FLORIDA:	LOWING IS SUBMITTED TO REGISTER A FOREIGN	LIMITED LIABILITY
1. 191 III CUBE FL SU	/B, LLC		
(Name of F	oreign Limited Liability Company; must include "	"Limited Liability Company," "L.L.C.," or "LLC.")	
Liability Company," "L.L.	alternate name adopted for the purpose of transat C," or "LLC.")	cting business in Florida. The olternate name must incl	lude "Limited
2. Delaware	3.		
(Jurisdiction under the la company is organized)	w of which foreign limited liability	(FEI number, if applicable)	
···	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S.	la, if prior to registration.)	
s 5 Old Lancaster Road	d. Malvern. PA 19355		÷
6 5 Old Lancaster Road	(Street Address of Principal D)		~
6, <u></u>	, Malvem, PA 19355	· · · · · · · · · · · · · · · · · · ·	2015 NOV
			14 8 -
	(Mailing Address)		
7. Name and street addre	ess of Florida registered agent: (P.O. Box N	OT_acceptable)	Set 3
Name:	C T Corporation System		V 13 M
Office Address:	1200 South Pine Island Road		8
(11100 / 100, 033.	Plantation	33324	
	(City)	, Florida (Zip code)	
designated in this applic	egistered agent and to accept service of proc ation, I hereby accept the appointment as re	cess for the above stated limited liability compar- rgistered agent and agree to act in this capacity. I complete performance of my duties, and I am MARGARET E. ROUTZAHM Special Assistant Socretary	I further agree familiar with and
accent the obligations of	(Registered agent's	signature)	
accept the obligations of	(Registered agent's	signature)	
accept the obligations of 8. The name, title or cap	(Registered agent's	signature) ave authority to manage is/are:	
accept the obligations of 8. The name, title or cap Christopher P. Marr, Aut	(Registered agent's	stenature) ave authority to manage is/are: ern, PA 19355	
accept the obligations of 8. The name, title or cap Christopher P. Marr, Aut Timothy M. Martin, Auth	(Registered agent's acity and address of the person(s) who has/ha horized Person, 5 Old Lancaster Road, Malv	stenature) ave authority to manage is/are: ern, PA 19355 ern, PA 19355	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Jeffrey P. Foster, Authorized Person Typed or printed name of signed

11/13/2015 11:39:38 AM From: To: 8506176383(3/3)

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "191 III CUBE FL SUB, 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "191 III CUBE FL SUB, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

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



Authentication: 10415964 Date: 11-13-15

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