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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 922295 4803460

AUTHORIZATION :

COST LIMIT : \$ 425.00

ORDER DATE: December 22, 2015

ORDER TIME : 9:59 AM

ORDER NO. : 922295-005

CUSTOMER NO: 4803460

## FOREIGN FILINGS

NAME: CRM DOME, 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:

1. CRM Dome, LLC					
(Name of Fore	eign Limited Liability Company; must	t include	"Limited Liabi	lity Company," "L.L.C.,"	or "LLC.")
Liability Company," "L.L.C,	Iternate name adopted for the purpose "or "LLC.")	of transa	acting business	in Florida. The alternate	name must include "Limited
2. Delaware		3. 8	31-0870550		
(Jurisdiction under the law company is organized)	of which foreign limited liability			(FEI number, if applica	ble)
4	(Date first transacted busines (See sections 605.0904 & 605.0	s in Flor	ida, if prior to r	egistration.)	_
5. 379 Thornall Street, E		)905, F.S	S. to determine p	nenalty liability)	
5		1			_
	(Street Address of P	rincipal (	Office)		
6. 8331 State Road 33 N.,					
				······································	<del></del>
	(Mailing A	.ddress)			
7. Name and street addres	ss of Florida registered agent: (P.O	O. Box	NOT acceptal	ole)	
Name:	Corporation Service Company				
Office Address:	1201 Hays Street	<u> </u>			
	Tallahassee			, Florida 32301 (Zip code)	5 0
Registered agent's accep	(City)			(Zip code)	Contraction Contraction
Having been named as re designated in this applica to complywith the provisi	gistered agent and to accept servition, I hereby accept the appoints ons of all statutes relative to the pmy position as registered agent.  Corporation Service Company	ment as proper a	registered age	ent and agree to act in	this capacity. I further agree ties, and I am familiar with an Couffice Williams
	By:		λ/		Asst Vice President
	(Registe	red agen	t`s signature)		
8. The name, title or capa	acity and address of the person(s)	who has	/have authorit	y to manage is/are:	
Certified Records Manage	ement, L.L.C., Managing Member	r, 3 <b>79</b> T	hornall Street,	Edison, NJ 08837	
Christopher Marquart, Me	ember, 379 Thornall Street, Edisor	n, NJ 08	3837		
	of existence, no more than 90 day of which it is organized. (If the ce ubmitted)  Christopher	rtificate	is in a foreign	language, a translatio	
	Christopher	of an aut	horized person		<u> </u>
This document is executed	d in accordance with section 605.0				any false information
submitted in a document to	the Department of State constitut	tes a thir	rd degree felon	y as provided for in s.	817.155, F.S.
	Chistopher Marquart, Member				

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 "CRM DOME, 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-SECOND DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRM DOME, LLC"

WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2015.

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

Authentication: 10666843

Date: 12-22-15

5910800 8300 SR# 20151483414

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