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One Biscayne Tower 2 South Biscayne Boulevard, Suite 2750 Miami, FL 33131 Tel: 305.442.6540 Fax: 305.442.6541 www.foxrothschild.com Vanessa Lagana Corporate Paralegal

E-mail: vlagana@foxrothschild.com Direct Line: (305) 442-6544

Fax (305) 442-6541

August 2, 2016

Via Federal Express

Ms. Teresa Brown
Regulatory Specialist II
Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Ms. Brown:

Ref.: Weathervane Capital Partners, LLC, a Pennsylvania limited liability company

Enclosed please find the following documents in connection with the qualification of the above referenced entity in Florida:

- Application by foreign limited liability company for authorization to transact business in Florida;
- Original Certificate of Good Standing issued by the Secretary of the Commonwealth of Pennsylvania; and
- Our check #505874 for \$125 to settle the state fees.

Should you need any additional information, please contact us.

Sincerely

Vanessa Lagana

Corporate Paralegal

Enclosures

COVER LETTER

| TO: | Registi Divisio | ration Section n of Corporatio | ons | | | | |
|-------------------|---------------------------------|---|--|--|--|---|-------------------------------------|
| SUBJI | | eathervane Capi | tal Partners, LLC | | | | |
| 5051 | | | Name of | Limited Liability | Company | | - |
| The en Exister | closed "A nce, and c | pplication by Fo | oreign Limited Liability Com ed to register the above refer | pany for Authoriz enced foreign lim | ation to Ti ited liabili | ransact Business in Florida, ty company to transact busi | " Certificate of ness in Florida |
| Please | return all | correspondence | concerning this matter to the | following: | | | |
| | | Toffee Blum, | Paralegal | | | | |
| | | | N | ame of Person | | · · · · · · · · · · · · · · · · · · · | - |
| | | Fox Rothschile | d LLP | | | | i |
| | | | F | irm/Company | | | · 5 |
| | | 747 Constituti | on Drive, Ste. 100, P.O. Box | 673 | | | 18 AUG -4 AMII: 04 |
| | | | | Address | | | 1 |
| | | Exton, PA 193 | 341-0673 | | | | |
| | | | City/S | tate and Zip Code | | | · - |
| | | tpaulus@jfswa.c | com | | | | |
| | • | | E-mail address: (to be use | d for future annua | report no | tification) | • |
| For furt | ther inform | nation concernin | ig this matter, please call: | | | | |
| | Toffee | Blum, Paralegal | | 610 | 458-49 | 973 | |
| | | Name o | of Contact Person | Area Code | Day | time Telephone Number | |
| | Division Registra P.O. Bo | NG ADDRESS: t of Corporations tion Section x 6327 see, FL 32314 | | | Division Registrat Clifton B 2661 Exe | r ADDRESS: of Corporations ion Section suilding ceutive Center Circle see, FL 32301 | |
| Enclose | | ck for the follow 00 Filing Fcc | ring amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filin Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, C of Status & Certified Co | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 (2002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

| If name unavailable, enter a .iability Company," "L.L.C. | Iternate name adopted for the purpo " or "L.C.") | se of transacting business in Fl | orida. The alternate name i | nust include "Limited |
|---|---|--|---|-----------------------|
| , Pennsylvania | | 3. 26-2466183 | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | | I number, if applicable) | |
| L abou tiling | | | | |
| | (Date first transacted busin (See sections 605,0904 & 60: | ess in Florida, if prior to regist .0905, F.S. to determine pena | ration.) Ity liability) | |
| 1055 Westlakes Drive | | | | Ø, |
| Berwyn, PA 19312 | | | 7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 6 AUG -4 AM II: Uu |
| Detwyn, FA 19372 | (Street Address of | Principal Office) | | 1 |
| i. 1055 Westlakes Drive, | 3rd Floor | | | 垩 |
| Berwyn, PA 19312 | | | | |
| Delwyh, 174 19312 | (Mailing | Address) | | Ç |
| Name and street address | s of Florida registered agent: (T | O Roy NOT accontable) | | |
| . Name and street audres | Thomas D. Paulus | .O. Box NOT acceptable) | | |
| Name: | | | | |
| Office Address: | 6 Exuma Road | | | |
| Office Address; | | | | |
| Office Address; | Key Largo | , Pic | rida <u>33037</u> | |
| Office Address: Registered agent's accep | (City) | , Flc | orida 33037 (Zip code) | |
| Registered agent's accep laving been named as re lesignated in this applica o complywith the provisi | (City) tance: gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the ny position as registered agent. By: (Paging | vice of process for the above tment as registered agent a | (Zip code) e stated limited liability and agree to act in this c | apacity. I further |
| Registered agent's necep laving been named as re lesignated in this applica o complywith the provisi occept the obligations of i | (City) tance: gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the ny position as registered agent. By: (Regis | vice of process for the above tment as registered agent a proper and complete perfo cered agent's signature) | (Zip code) ve stated limited liability and agree to act in this c remance of my duties, an | apacity. I further |
| Registered agent's acceptioning been named as relessignated in this applicate complywith the provision of the obligations of the obligations. | (City) tance: gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. By: (Registered and address of the person(s) | vice of process for the above timent as registered agent a proper and complete performance agent's signature) who has/have authority to | (Zip code) ve stated limited liability and agree to act in this c remance of my duties, an | apacity. I further |
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| Registered agent's acceptioning been named as relessignated in this applicate complywith the provision of the obligations of the obligations. | (City) tance: gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. By: (Registered and address of the person(s) | vice of process for the above timent as registered agent a proper and complete performance agent's signature) who has/have authority to | (Zip code) ve stated limited liability and agree to act in this c remance of my duties, an | apacity. I further |

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 s.817.155, F.S.

Tomas D. Paulus, Managing Member

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 08/02/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Weathervane Capital Partners, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160802161477-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx