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COVER LETTER

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SUBJEC		Limited Linbility Company		
The enelo Existence	sed "Application by Foreign Limited Liability Compand the check are submitted to register the above reference."	pany for Authorization to Transact Brenced foreign limited liability compa	asiness in Florida," by to transact busin	Certificate ess in Flori
Please ret	arn all correspondence concerning this matter to the	following:		
	STEPHANIE WALLO			
	N	ame of Person		
	NRAI SERVICES, LLC			
	F	irm/Company		
	160 GREENTREE DRIVE, STE 101		ALL ALL	
		Address	ARR A	
	DOVER, DE 19904		SSEAN TO A SSE	
	City/S	Inte and Zip Code	The state of the s	m
	JOER@INLANDSLS.COM		F 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	O
	E-mail address: (to be use	d for future annual report notification) On; O	
For furthe	r information concerning this matter, please call:		•	
	STEPHANIE WALLO	302 674-4089		
-	Name of Contact Person	Area Code Daytime Tel	ephone Number	
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	is a check for the following amount:	Tauca a Turing a Maria	anamir e a	
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACE BUSINESS IN FLORIDA

IN COMPTANCE WITH SECTION 605-0002, FLORIDA SEAU TEN THE FOLLOWING INSUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANY TO TRANSACT DUSINESS IN THE STATE OF FLORIDA:

INLAND CONTAINER	R ACQUISITION COMPANY, LLC		
(Name of Fore	ign Limited Linbility Company; must include Limited Liability Company."	YOU COTSETELON)	
(If none mavailable, enter all Liability Company," "L.L.C."			ined
2. DELAWARE	3 26-3103184		
(Jurisdiction under the law company is organized)	of which foreign limited liability 3. 26-3103184 (FEI number,)	if applicable)	
4,	(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	1	
5. 9485 Regency Square I	Blvd. Suite 104		
Jacksonville, FL 3222			-11
6. <u>P.O. Box 19009</u>		NA SX	
Jacksonville, FL 3224		m-	m
	(Mailing Address)		
7. Name and street address	of Florida registered agent: (P.O. Box NOT acceptable)	SIALS SIALS OF SIALS	-
Name:	NRAI Services, Inc.		
Office Address:	1200 South Pine Island Road		
	Plantation Florida 333 (City) (City)	24	
designated in this applicate to complywith the provision accept the obligations of a	tunce: gistered agent and to accept service of process for the above stated lition, I bereby accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete performance on position as registered agent. NRAI Services. Inc. (Registered agent's signature)	to act in this capacity. I furth of my duties, and I am familia	eer agree ir with an
8. The name, title or capa	icity and address of the person(s) who has/have authority to manage is	s/are;	
Mitch Poole - Chief Execu	utive Officer		
9485 Regency Square Blv			
Jacksonville, FL 32225			
	of existence, no more than 90 days old, duly authenticated by the official which it is organized. (If the certificate is in a foreign language, a manufacture) Signature of an authorized person		
This document is executed submitted in a document to	in accordance with Section 605.0203 (1) (b). Florida Statutes, I am as the Department of State constitutes a third degree felony is provided	ware that any false information for in s.817.155, F.S.	
	Joe M. Regueiro		
	Ferend or printed name of single		

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INLAND CONTAINER ACQUISITION COMPANY, 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 ELEVENTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INLAND CONTAINER ACQUISITION COMPANY, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JUNE, A.D. 2008.

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

4561583 8300 SR# 201653Z4543

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

Authentication: 202811873

Date: 08-11-16