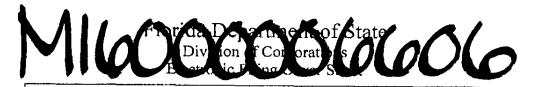
Division of Corporations

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(((H16000202019 3)))



H160002020193ABCV

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number: 076064003722 Phone : (888)491-1120

Fax Number ; (954)343-6962

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Foreign Limited Liability Company SCULLY QW MANAGER, LLC

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August 17, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

GREENSPOON MARDER, P.A.

SUBJECT: SCULLY QW MANAGER, LLC

REF: W16000057018

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II FAX Aud. #: H16000202019 Letter Number: 116A00017377

ZBIG AUS 17 AM II: 28
TALL PERSONAL OF DRIED

P.O BOX 6327 - Tallahassee, Florida 32314

Application by foreign limited liability company for authorization to transact business in Florida

, SCULLY QW MANA	RUSINESS IN THE STATE OF FLORIDA: NOBR, LLC	
		notate "Limited Liability Company," "Int., C.," or "LLC.")
Liability Company," "LLC	ultimate name adopted for the purpose o ," or "LLC.")	f remeating business in Fiorids. The alternate name must include "Limbed
2 Delaware		3. B1-3547402
(Jurisdiction under the law company is organized)	of which foreign limited liability	(IPI number, if applicable)
4,	<u></u>	
	(Date first transacted business (See sections 605,0904 & 605,09	in Flerida, if prior to registration.) 05, P.S. to determine penalty liability)
5. 801 Old York Road, S		
Jenklutown, PA 19046	· · · · · · · · · · · · · · · · · · ·	
22.30.00 7.31 4.31 4.30.00	(Street Address of Print	iolpsi Office)
6. 801 Old York Road, St	ulto 100	
Jenkintown, PA 19046		
	(Meilling Add	(reps)
7. Namo and street address	is of Florida registered agent: (P.O.	Any NOT acceptable)
	NRAI Services, Inc.	Total Table and Market Anna Control of the Control
Name:	1200 South Pine Island Road	
Office Address:		
	Plantation	, Fiorida 33324 (Zip sode)
Rogistarod agent's accep	(City)	(Yib gode)
Having been named as re designated in this applica	gistered agent and to accept service tion. I hereby accept the appointme	of process for the above stated limited liability computy at the place at as registered agent and agree to act in this capacity. I further ago
a complywith the provide	ons of all statutes relative to the proj	per and complete performance of my duites, and I am familiar with
eccept the voltgations of r	ny position as registered agent.	Name .
	Registered	Angel Nunez
		Assistant Secretary
s, the name, title or caps Michael A. Scully, Man		o has/have authority to manage Ware:
30) Old York Road, Suite	100	
lenklutown, PA 19046		
	if which it is organized, (if the certif	old, duly authenticated by the official having custody of records in the locate is in a corollar language, a lyinslation of the cartificate under oath
	1 Shul	n authorized person
ubmitted in a document to	in accordance with acction 603,0203 the Department of State constitutes a Michael A. Soully	i (1) (b), Florida Statutes. I am molare that any false information a third degree felony as provided for in s.fl.7.155, F.S.

Typed or printed name of signos

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCULLY QW MANAGER, 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 SIXTEENTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCULLY QW MANAGER, LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2016.

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

Authentication: 202832333

Date: 08-16-16

6119924 8300 SR# 20165376142

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