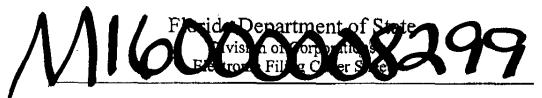
Division of Corporations

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Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

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Foreign Limited Liability Company

Prince

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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 LUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PHPTS of Ormand Beach, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name enavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7444 Long Avenue DIVISION OF COMPONATIONS Skokie, 1L 60077 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Vcorp Services, LLC Name: 5011 South State Road 7, Suite 106 Office Address: Davie (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Benjamin Klein, Member 7444 Long Avenue Skokie, IL 60077 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person 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. Benjamin Klein

Typed or printed name of signee

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHPTS OF ORMOND BEACH, 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHPTS OF ORMOND BEACH, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2016.

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

6185366 - 8300 SR# 20166248382

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

Authentication: 203178179

Date: 10-18-16