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T WASHINGTON OCT 2°T 2016

COVER LETTER#

TO:	Registration Section
	Division of Corporations

ş. ·				
SUBJECT:	Crucon Real Estate			
			Limited Liability Compa	ny
				Transact Business in Florida," Certificate of ility company to transact business in Florida
Please return	all correspondence c	oncerning this matter to the	following:	
	Karyn P. Forbe	3		
		Na	ame of Person	
	Shaheen & Gor	don, P. A.		
		Fi	rm/Company	
	P. O. Box 2703			
	<u> </u>		Address	
	Concord, NH 0	3302		
		City/S	tate and Zip Code	
	Jeanine.Kilgallen	@crucon.com		
		E-mail address: (to be used	l for future annual report	notification)
For further in	nformation concerning	g this matter, please call:		
Ka	ryn P. Forbes		at ()	-7262
-	Name o	f Contact Person	Area Code	Daytime Telephone Number
Div Reg P.C	MLING ADDRESS: rision of Corporations gistration Section b. Box 6327 lahassee, FL 32314		Divis Regis Clifto 2661	ion of Corporations tration Section n Building Executive Center Circle nassee, FL 32301
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee Certified Copy	& \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

	ernate name adopted for the purpose of transacting business in Florida. The alternate or "LLC.")	name must include "Limited
2. New Hampshire	or age.)	
(Jurisdiction under the law of company is organized)	which foreign limited liability (FEI number, if applies	ble)
4	(Date first transacted business in Florida, if prior to registration.)	<u>.</u>
	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 81 Whittier Highway, M	Monitonborough, NH 03254	m-accept.
	(Street Address of Principal Office)	
6, 81 Whittier Highway, M	Noultanborough, NH 03254	泽约 赤
		- EF 8
	(Mailing Address)	— 5000 File
1 Name and street address	of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	Jay F. Cook	
Office Address:	9123 Trivoli Terrace	12: 38 1:0((1))
Office Hamous.	Naples Floride 34119	75 Min - W
	Naples , Florida 34119 (City) (Zip code)	
		inhilib powerow of the place
Having been named as reg designated in this application to comply with the provision accept the obligations of manners. 8. The name, title or capace	gistered agent and to accept service of process for the above stated limited lifton, I hereby accept the appointment as registered agent and agree to act in one of all situates relative to the proper and complete performance of my during position as registered agent. (Registered agent's signature) (Registered agent's signature) (Registered agent's supposition manage is/are:	n this capacity. I further agree
Having been named as reg designated in this applicati to complywith the provisio accept the obligations of m 8. The name, title or capac	ion, I hereby accept the appointment as registered agent and agree to act in one of all situtuses relative to the proper and complete performance of my duty position as registered agent. (Registered agent's signature)	n this capacity. I further agree
Having been named as reg designated in this application to comply with the provision accept the obligations of manners. 8. The name, title or capace	ion, I hereby accept the appointment as registered agent and agree to act in one of all situtues relative to the proper and complete performance of my during position as registered agent. (Registered agent's signature) (Registered agent's signature) (city and address of the person(s) who has/have authority to manage is/are:	n this capacity. I further agree
Having been named as reg designated in this applicati to complywith the provisio accept the obligations of m 8. The name, title or capac	ion, I hereby accept the appointment as registered agent and agree to act in one of all situtues relative to the proper and complete performance of my during position as registered agent. (Registered agent's signature) (Registered agent's signature) (city and address of the person(s) who has/have authority to manage is/are:	n this capacity. I further agree
designated in this application complywith the provision accept the obligations of manners. 8. The name, title or capacisandra Cleary, Manager, 8	of existence, no more than 90 days old, duly authenticated by the official have of which it is organized. (If the certificate is in a foreign language, a translation boundary)	n this capacity. I further agree thes, and I am familiar with a street w
Having been named as reg designated in this applicati to complywith the provisio accept the obligations of m 8. The name, title or capac Sandra Cleary, Manager, 8 9. Attached is a certificate jurisdiction under the law c of the translator must be su This document is executed	of existence, no more than 90 days old, duly authenticated by the official have of which it is organized. (If the certificate is in a foreign language, a translation of which it is organized. (If the certificate is in a foreign language, a translation)	in this capacity. I further agree aties, and I am familiar with a sing custody of records in the con of the certificate under oath at any false information

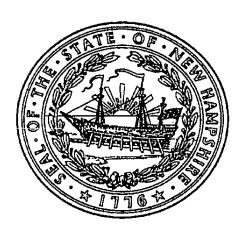
State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CRUCON REAL ESTATE HOLDINGS, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on January 26, 2012. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 665083

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IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 7th day of October A.D. 2016.

William M. Gardner Secretary of State