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TALLAHASSEE, FLORIDA

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J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000	00195						
REFERENCE : 452128	4983A						
AUTHORIZATION : June 18	Lena)						
COST LIMIT : \$125.00	100-1-40-						
ORDER DATE : January 6, 2017							
ORDER TIME : 10:17 AM							
ORDER NO. : 452128-020							
CUSTOMER NO: 4983A							
FOREIGN FILINGS							
NAME: GOVBERG LLC							
XXXX QUALIFICATION (TYPE: <u>LL</u>)							
PLEASE RETURN THE FOLLOWING AS PROOF OF F	ILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING							

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Govberg LLC						
SUBJECT:		Name of Limited Liability Company					
The enclosed Existence, ar	l "Application by Fore ad check are submitted	ign Limited Liability Compa to register the above referen	ny for Authorizat ced foreign limit	ion to Tran ed liability	sact Business in Florida," Cer company to transact business i	tificate of in Florida	
Please return	all correspondence co	ncerning this matter to the fo	ollowing:				
	Marilyn D. Adel	Marilyn D. Adelman					
	Name of Person						
	Cozen O'Connor	•					
	Firm/Company						
	1650 Market Street, Suite 2800						
			Address				
	Philadelphia, PA	19103					
City/State and Zip Code							
	amanda@ra-holdi	_					
		E-mail address: (to be used	for future annual	report noti	fication)		
For further i	nformation concerning	this matter, please call:					
Ma	ırilyn D. Adelman		215 at (665-724	1		
	Name of	Contact Person	Area Code	Dayt	ime Telephone Number		
Div Rep P.C	rision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section milding cutive Center Circle se, FL 32301		
	a check for the following fee	ing amount: \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certified Copy	ficate	

IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BY ISINESS, IN THE STATE OF FLORIDA.

(Name of Foreign Limited Liability Company," must include "Limited Liability Company," "L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.C.," or "LLC.") Delaware Jeliawiti Company," "L.C.," or "LLC.") Jeliawiti Company, "L.C.," or "LLC.") Jeliawiti Company," "L.C.," or "LLC.") Jeliawiti Company, "	Govberg LLC	DINESS IN THE STATE OF FLORIDA:		
Delaware	(Name of Fore	ign Limited Liability Company; must include "Limit	ed Liability Company," "L.L.C.," or "LLC.	")
(Street Address of Frincipal Office) Name: Shannon Beck Office Address: Shannon Beck Office Address Office Address: Shannon Beck Office Address Office Address O	Liability Company," "L.L.C,	ternate name adopted for the purpose of transacting l	ousiness in Florida. The alternate name mus	t include "Limited
(City) Registered agent's acceptance: Halving been named as registered agent and to accept service of process for the above stated limited limited limited limitity company at the place for complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. By: Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Daniel Govberg, Chief Executive Officer 292 Montgomery Avenue Bala Cyrmyd, PA 19004 (City) (Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place discipanced in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I Jurther age to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. By: (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Daniel Govberg, Chief Executive Officer 292 Montgomery Avenue Bala Cyrmyd, PA 19004 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under out of the translator must be submitted) Signature of un authorized person This document is executed in accordance with section 605 0203 (1) (b), Florida Stanutes. 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.		3		
(See sections 603.0904 & 605.0905, F.S. to determine penalty liability) 3. 292 Montgomery Avenue Bala Cynwyd, PA 19004 (Street Address of Principal Office) 3. 292 Montgomery Avenue Bala Cynwyd, PA 19004 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box MOT acceptable) Name: Shannon Beck Office Address: 3475 Sheridan Street, Suite 201 Hollywood (City) (City)	(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
Bala Cynwyd, PA 19004 (Street Address of Principal Office) 3292 Montgomery Avenue Bala Cynwyd, PA 19004 (Mailing Address) Name: Shannon Beck Office Address: 3475 Sheridan Street, Suite 201 Hollywood (City)), <u>N/A</u>			
Bala Cynwyd, PA 19004 (Street Address of Principal Office) 292 Montgomery Avenue Bala Cynwyd, PA 19004 (Mailing Address) Name: Shannon Beck Office Address: 3475 Sheridan Street, Suite 201 Hollywood Florida 23021 (City) Florida 33021 (Zip code) Registered agent's acceptance: In this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further age accept the obligations of my position as registered agent. By: (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Daniel Govberg, Chief Executive Officer 292 Montgomery Avenue Bala Cynwyd, PA 19004 20. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under out of the irranslator must be submitted) Signature of in 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.		(Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. to de	orior to registration.)	
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Daniel Govderg, Chief Executive Officer	submitted in a document to	the Department of State constitutes a third deg	ree felony as provided for in s.817.155,	F.S.
Typed or printed name of signee			•	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GOVBERG 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 SIXTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOVBERG LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Authentication: 201833666

Date: 01-06-17