M1700000/108

| (Re | equestor's Name) |
|-------------------------|------------------------|
| (Ad | ldress) |
| (Ad | idress) |
| (Cit | ty/State/Zip/Phone #) |
| PICK-UP | |
| (Bu | usiness Entity Name) |
| (Do | ocument Number) |
| ertified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
| | |
| | |
| | |
| | Office Use Only |



01/12/17--01017--003 **125.00

FILED 17 FEB-1 PH 4: 18

O SIMMONS



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2017

MARK WEGFAHRT 509 S LENOLA RD, BLDG 2 MOORESTOWN, NJ 08057

SUBJECT: EXL, LLC Ref. Number: W17000003350

We have received your document for EXL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Octavia I Simmons Regulatory Specialist II

Letter Number: 717A0000842

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

٠, •

ĩ

. . --.

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:

| , | EXL, | L | LC | 2 |
|---|------|---|----|---|
|---|------|---|----|---|

۰.

| (Name of Fore EXL, LLC MANAGEME | ign Limited Liability Company; must include "Limited | Liability Company." "L.L.C.," or "LLC | 2.") | | |
|---|--|---|---|-------------------------|--------------------------------|
| | ternate name adopted for the purpose of transacting bus | iness in Florida. The alternate name mu | ist include " | Limited | |
| 2. NEW JERSEY | 3. 22-334052 | | | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable) | | | |
| 4. FEBRUARY 1, 2017 | | | | 17 | |
| ··· | (Date first transacted business in Florida, if pric (See sections 605.0904 & 605.0905, F.S. to deter | or to registration.) mine penalty liability) | | 11-1 14- | -1-1 |
| 5. 509 S. LENOLA ROAD; BUILDING #2 | | | | ED I | د محمد البريو المحمود ال |
| MOORESTOWN, NJ (| 08057 | | | | י דוד |
| | (Street Address of Principal Office) | | ۰. | PH | j B j Thereses |
| 6. 509 S. LENOLA ROAD, BUILDING #2 | | | | ÷ | كمسدا |
| MOORESTOWN, NJ (| 08057 | | 64 5 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | <u></u> | |
| | (Mailing Address) | | | | |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Box NOT acc | ceptable) | | | |
| Name: | ROBERT E. GRADY JR. | | | | |
| Office Address: | 8120 COLLINGWOOD COURT | | | | |
| Office Address. | UNIVERSITY PARK | 34201 | | | |
| | (City) | , Florida (Zip code) | | | |
| designated in this applica to complywith the provision | rance. gistered agent and to accept service of process fo tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and comp my position as registered agent. | ed agent and agree to act in this ca | pacity. I f | f <mark>urther</mark> (| igree |
| | (Registered agent's signate | ure) | | | |
| 8. The name, title or cana | acity and address of the person(s) who has/have au | thority to manage is/are: | | | |
| • | - MANAGING PARTNER; DENNIS A. SANDO | | | | |
| WENDY SHAFER-GRA | DY - MANAGING PARTNER; ANTHONY FUS | CO - MANAGING PARTNER | | | |
| | | | | | |
| | of existence, no more than 90 days old, duly author of which it is organized. (If the certificate is in a for ubmitted) Signature of an authorized po | | | | |
| | t in accordance with section 605.0203 (1) (b), Flori the Department of State constitutes a third degree | | | tion | |

MARK WEGFAHRT

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

EXL, LLC 0600015626

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on September 01, 1994.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

EXL LLC 509 SOUTH LENOLA ROAD BUILDING 2 MOORESTOWN, NJ 08057-0000



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 20th day of January, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number : 6077126371 Verify this certificate online at https://wwwl.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp