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K. SALY FEB 1 0 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 504968 7 4311639

AUTHORIZATION: Signilla Ble man

COST LIMIT : \$ 155.00

ORDER DATE: February 9, 2017

ORDER TIME : 3:43 PM

ORDER NO. : 504968-005

CUSTOMER NO: 4311639

FOREIGN FILINGS

NAME: SKUSA FT MYERS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

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 RI ISINESS. IN THE STATE OF FLORIDA:

COMPANYTOTRANSACT BU SKUSA FT MYER	SINESS IN THE STATE OF FLORIDA S. T.L.C.	:					
	ign Limited Liability Company; mu	st include	"Limited Liability Co	ompany," "L.L.C.," or	"LLC.")		
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpos	e of transa	acting business in Flor	rida. The alternate nar	ne must include	: "Limited	
2 Delaware		3 8	1-5123981				
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI	number, it applicable)		
4. Upon Filing					_		
•	(Date first transacted busine (See sections 605.0904 & 605	ss in Flor .0905, F.S	ida, if prior to registra	ttíon.) v liability)			
5. 215 East 58th Street, #				· · · · · · · · · · · · · · · · · · ·	- -		
New York, NY 10022							
	(Street Address of)	Principal (Office)		27		
6. 215 East 58th Street, #4	IC .				- 352	- F	
New York, NY 10022					57.	[7	•
,	(Mailing	Address)				三三	.#. -
7. Name and street addres	s of Florida registered agent: (P	O. Box	NOT acceptable)		10 E	8: 46	
Name:	Corporation Service Company		· · · · · · · · · · · · · · · · · · ·		Ď.	ο,	
Office Address:	1201 Hays Street						
	Tallahassee		, Flor	ida <u>32301</u> (Zip code)	_		
Registered agent's accep	(City)			(Zip code)			
designated in this applica to complywith the provisi	gistered agent and to accept ser tion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	tment as proper a	registered agent an ind complete perfor	nd agree to act in the mance of my duties	is capacity. I	further agre nmiliar with t	ee
	(Regist	er ed age n	t's signature)	Asst.	Vice Presic	lent	
8. The name, title or capa Andover Properties, LLC	ecity and address of the person(s) , Manager (MGR)	who has	s/have authority to n	nanage is/are:			
215 East 58th Street, #4C							
New York, NY 10022							
	of existence, no more than 90 da of which it is organized. (If the c abmitted)						ı
	1						
	Signature	of an aut	horized person	-	_		
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitu)203 (1) ites a thir	(b), Florida Statutes	s. I am aware that an	y false inform 7.155. F.S	ation	
			Authorized Perso		,		

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 "SKUSA FT MYERS, LLC" IS DULY FORMED

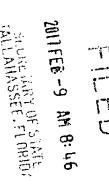
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SIXTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKUSA FT MYERS, LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2017.

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





6272235 8300 SR# 20170687291 Authentication: 201992245

Date: 02-06-17