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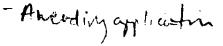
J. HARRIES

COVER LETTER

TO:

Registration Section

Div	ision of Corporatio	ns				
SUBJECT:	Matlack Leasing, L	LC				
		Name of	Limited Liability	Company		
The enclosed Existence, ar	I "Application by Fo nd check are submitte	reign Limited Liability Com ed to register the above refer	pany for Authorizated foreign limited foreign	ation to Tr ited liabilit	ansact Business in Florida," y company to transact busine	Certificate of ess in Florida
Please return	all correspondence	concerning this matter to the	following:			
	Mark Longone	cker				
		N	lame of Person	 :		
	Matlack Leasir	ng LLC				
		ŀ.	irm/Company			
	191 Presidentia	d Bivd Suite W5				
			Address			
	Bala Cynwyd,	PA 19004				
		City/S	State and Zip Code			
	mlongenecker@p	pennlease.com				
		E-mail address: (to be use	d for future annua	report not	tification)	
For further in	formation concernin	g this matter, please call:				
Mar	k Longenecker		610 at (595-11.	21	
-	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section milding centre Center Circle see, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount: \$\Begin{align*} \text{S130.00 Filing Fee & Certificate of Status} \end{align*}	□ \$155.00 Filit Certified Copy	ng Fee &	☐ \$160,00 Filing Fee, Cer of Status & Certified Copy	





FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 24, 2017

MARK LONGENECKER 191 PRESIDENTIAL BLVD SUITE W5 BALA CYNWYD, PA 19004

SUBJECT: MATLACK LEASING, LLC

Ref. Number: W17000025312

We have received your document for MATLACK LEASING, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00005661

4/7/17

Good Afternoon Jenny-please setthe corrected (attached)

Application. Tranhyon.

Arach Longenerker

Mark Longeneiker

www.sunbiz.org

Division of Corporations P.O. ROY 6397 Tallahassaa Florida 29914

17 APR 13 PM 2: 48

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

Matlack Leasing LLC			
[Name of Force	ign Limited Liability Company, must include "Limited Liability Co	ompany," "I. L.C.," or	(LUC ")
I Commo unaversibile contra	ternate name adopted for the purpose of transacting business in Fig.	rids. The alternate narr	e most include "Limited
Lisbilну Сопрапу." "L.L.C.	" or "(.LC ")		
2. Pennsylvania	3. 23-3060198	number (l'apolicable)	
company is organized)	of which foreign limited liability (FI)	i number, il applicable)	
4. 3/13/17			_
	(Date first transacted business in Florida, if prior to registr (See sections 605.0904 & 605.0905, F.S. to determine penalt	ration() (y fiability)	
5. 191 Presidential Blvd,			
Rala Cynwyd, PA 190	V.4		
naus Cyllwyd, FA TR	(Street Address of Principal Office)		-
6 191 Presidential Blvd.	Suite WS		
Bala Cynwyd, PA 190	004		
	(Mailing Address)		-
7. Name and street addre	ss of Florida registered agent: (P.O. Box <u>SQL</u> acceptable)		
Name.	CT Corporation System		
Office Address:	1200 S. Pine Island Rd.		
	Plantation EL	3332 4	
Destatored security secur	Plantation .Flo	(Zip code)	-
designated in this applica	NABCE: rglitered agent and to accept service of process for the abovistion, I hereby accept the appointment as registered agent a	re stated limited liab and agree to act in th	ility company at the place is capacity. I further agree
Having been named as re designated in this applica- to complywith the provisi	Manca: rglitered agent and to accept service of process for the abov silon. I hereby accept the appointment as registered agent a lons of all statutes relative to the proper and complete perfo my position as registered agent.	re stated limited liab and agree to act in the rmance of my duties	ility company at the place is capacity. I further agree
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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

03/09/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MATLACK LEASING, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

OF THE COMMON THE COMM

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC170309080120-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx