MT70000 3721

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiness Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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2017 HAY -2 PH 4: 18
SECRETAIN OF STATE
TAIL ALLASSEE, FLORIDA

D. SCOTT MAY 3 2017

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 624267 8130947

AUTHORIZATION

COST LIMIT (\$ 155.00

ORDER DATE: May 2, 2017

ORDER TIME : 3:08 PM

ORDER NO. : 624267-005

CUSTOMER NO: 8130947

FOREIGN FILINGS

NAME: PLP HOLDINGS 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:

17 NAY -2 AM 6: 5 SECRETARY OF STATE

COVER LETTER

| PI UBJECT: | LP HOLDINGS LLC | | | | |
|-----------------------------------|--|--|---|--|--|
| Name of Limited Liability Company | | | | | |
| he enclosed "A xistence, and o | Application by Foreign Limited Liability Comp check are submitted to register the above refere | oany for Authoriza enced foreign limi | tion to Transact Business in Florida," Certificate of ed liability company to transact business in Florida | | |
| ease return al | I correspondence concerning this matter to the | following: | | | |
| | Paul G Prince | | | | |
| | N | ame of Person | | | |
| | Brick & Patel LLP | | | | |
| | Fi | irm/Company | | | |
| | 1290 Avenue of the Americas, 34th Floor | | | | |
| | | Address | | | |
| | New York, 10104 | | | | |
| | City/S | tate and Zip Code | | | |
| | pprince@brickpatel.com | | | | |
| | E-mail address: (to be used | d for future annua | report notification) | | |
| r further info | rmation concerning this matter, please call: | | | | |
| Paul (| 3 Prince | 212 at (| 554-5270 | | |
| | Name of Contact Person | Area Code | Daytime Telephone Number | | |
| Division Regist P.O. B | constant of the state of the st | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |
| | heck for the following amount: 25.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & Certificate of Status | ■ \$155.00 Filin | ng Fee & □\$160.00 Filing Fee Certificate | | |

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 DABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| I. PLP HOLDINGS LLC | | | |
|--|--|--|--|
| | ign Limited Liability Company: must include "Lin | mited Liability Company," "L.L.C" or | "LLC.") |
| PLP Holdings I LL (If name unavailable, enter al | ternate name adopted for the purpose of transactin | ng business in Florida. The alternate nar | me must include "Limited |
| Liability Company," "L.L.C," | or "LLC.") | | |
| 2. Delaware (Jurisdiction under the law) | of which foreign limited liability | (FEI number, if applicable |) |
| company is organized) | or which twoigh mined habitiy | (, =, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , |
| 4 | (Date first transacted business in Florida. | | _ |
| | (See sections 605.0904 & 605.0905, F.S. to | determine penalty liability) | |
| 5. 14515 Cypress Island (| Circle | | _ |
| Palm Beach Gardens, F | FL 33410 | | |
| | (Street Address of Principal Office | ce) | _ |
| 6 | | · | |
| | | | |
| | (Mailing Address) | | _ |
| 7. Name and street addres | s of Florida registered agent: (P.O. Box NO | Tacceptable) | |
| Name: | Corporation Service Company | | |
| Office Address: | 1201 Hays Street | | |
| 3.1144 . 1.1141. 1.1141. | Tallahassee | | |
| | (City) | , Florida 32301 (Zip code) | _ |
| designated in this applicate to complywith the provision | gistered agent and to accept service of proce tion, I hereby accept the appointment as reg ons of all statutes relative to the proper and of my position as registered agent. Corporation Service Company M. | istered agent and agree to act in the complete performance of my dutie | his capacity. I further agree |
| | (Registered agent's s | signature) Ass | or. vice President |
| 8. The name, title or capa Louella M Prince, AMBR | acity and address of the person(s) who has/ha | ve authority to manage is/are: | T7 N SECRI |
| 14515 Cypress Island Circ | cle | and the same of | THE PERSON NAMED IN COLUMN 1 |
| Palm Beach Gardens, FL | - 信 | | |
| 9. Attached is a certificate | of existence, no more than 90 days old, duly of which it is organized. (If the certificate is i | in a foreign language, a translation o | g custody of records in the of the confidence of |
| | f in accordance with section 605.0203 (1) (b), the Department of State constitutes a third d | Florida Statutes. I am aware that ar | |
| | Paul G Prince | · · | |

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 "PLP HOLDINGS 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 SECOND DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PLP HOLDINGS LLC" WAS FORMED ON THE SIXTH DAY OF OCTOBER, A.D. 2016.

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

You may verify this certificate online at corp.delaware.gov/authver.shtml

6174393 8300

SR# 20172991528

Authentication: 202469448

Date: 05-02-17