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S Warren MAY 1 7 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 641567 7593518

AUTHORIZATION : CAPILLE CONTROL

COST LIMIT : \$ 125.00

ORDER DATE: May 15, 2017

ORDER TIME : 10:09 AM

ORDER NO. : 641567-005

CUSTOMER NO: 7593518

FOREIGN FILINGS

NAME: EXETER PICKETTVILLE LAND, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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 BUSINESS IN THE STATE OF FLORIDA:

1. Exeter Pickettville L			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "Lt	.C.")
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flori	do. The alternate name must include "Limite	d Liability Company," "L.L.C," or "LLC.")
2. Delaware		3	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FE)	number, if applicable)
4. upon filing			
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	rgistration.) e penalty liability)	
5. 101 West Elm Stree		6	(Address)
(Street Address of Conshohocken, PA	, .	(Mailing	; Address)
		- '	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Corporation Service Company		<u>A</u> SS 7
	1201 Hays Street		上流 書
Office Address:	1201 Hays Street		ASA I
	Tallahassee	, Florida 32301	
Registered agent's accep	otance:	(Zı	p code)
Having been named as re	egistered agent and to accept service of p		
	ition, I hereby accept the appointment as		
	ions of all statutes relative to the proper o	and complete performance of	
una accept the obligation	s of my position as registered agent. Corporation Service Company	Z 1	Melissa Zender
	By: (Registered agent's si	miles	Asst. Vice President
	(Registered agent 5 st	gnature)	
8. The name, title or cap: <u>Title or Capacity:</u>	acity and address of the person(s) who has Name and Address:	s/have authority to manage is/ar Title or Capacity:	re: Name and Address:
Sole Member		Title or Capacity:	Name and Address:
Sole Member	Exeter Operating Partnership IV, L.P. 101 West Elm Street, Suite 600	· · · · · · · · · · · · · · · · · · ·	
	Conshohocken, PA 19428		
	·		·
(Use attachments if neces	sary)		
0 Attached is a soutificate		late mathematics and has the a CC at	
	of existence, no more than 90 days old, d of which it is organized. (If the certificate		
of the translator must be s		3 3 3 7	
	Sulfinialia	North	
	Suffered	f an authorized person	
10. This document is exec	cuted in accordance with section 605.0203		ware that any false information
	o the Department of State constitutes a thin		
	Tiffany Markoski		
	Typed or 1	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 "EXETER PICKETTVILLE LAND, 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 FIFTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXETER PICKETTVILLE LAND, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2017.

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

Authentication: 202540449

Date: 05-15-17

6356630 8300 SR# 20173515114