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17 JUL -5 AH 7:32 SECRETARY OF STATE TALLAHASSEE, FLORID

COVER LETTER

TO: Regi

Registration Section
Division of Corporations

SUBJECT: X H

x Holmes & Company LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Charles Holmes

Name of Person

Holmes & Company LLC

Firm/Company

210 Lake Drive East, Suite 100

Address

Cherry Hill, NJ 08002

City/State and Zip Code

cholmes@holmescpas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Holmes

_{at} 856

320-4662

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ 125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

00 Filing Fee & \$\square\$ \$\square\$ \$155.00 Filing Fee & Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

Name and street address of Florida re Name: Office Address: Office Address: Office Address: Tallahass egistered agent's acceptance: aving been named as registered agent signated in this application, I hereby comply with the provisions of all state address the obligations of my position. The name, title or capacity and address the or Capacity: Managing Parher Ostreet Address of Florida re Corporation 1201 Hay Tallahass Egistered agent's acceptance: aving been named as registered agent signated in this application, I hereby comply with the provisions of all state and accept the obligations of my position. The name, title or capacity and address the or Capacity: Na Managing Parher 2	registered agent: (P. on Service Company ys Street see (City) nt and to accept service relative to the	ed to do if prior to registre to determine per to determi	3. 263 te ation.) nalty liability 6. 210 OT accep	Lake Drive	(FEI numbe	ite 100		
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Typed or printed name of signee

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

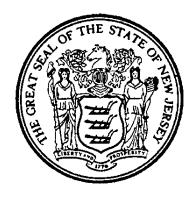
HOLMES & COMPANY, L.L.C. 0600333042

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 25, 2008.

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:

CHARLES HOLMES 210 LAKE DRIVE EAST, SUITE 100 CHERRY HILL, NJ 08002-1163



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of June, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6080892279

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp