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| Special Instructions to Filing Officer: |
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S. WARREN AUG 2 3 2017

## COVER LETTER

| то:                |                      | stration Section<br>sion of Corporation   | s   |   |  |   |                               |
|--------------------|----------------------|---|---|---|--|---|-------------------------------|
| SHRIE              |                      | TSTREET, LLC  |   |   |  |   |                               |
| SOBJE              | .C                   |   | Name of I   | Limited Liability C                         | ompany   |   |                               |
| The end<br>Existen | closed<br>ice, and   | "Application by Fore<br>I check are submitted   | eign Limited Liability Comp<br>I to register the above refere | oany for Authorizat<br>enced foreign limite | ion to Tra<br>d liability                      | unsact Business in Florida," C<br>company to transact busine              | Certificate of ss in Florida. |
| Please             | return               | all correspondence co   | oncerning this matter to the                                  | following:                                  |  |   |                               |
|                    |                      | Caren Pratt   |   |   |  |   |                               |
|                    |                      |   | Ni Ni   | ame of Person                               |  |   |                               |
|                    |                      | TStreet, LLC  |   |   |  |   |                               |
|                    |                      |   | Fi  | rm/Company                                  |  | <del></del>   |                               |
|                    |                      | 1000 Market St  | reet, Building One  |   |  |   |                               |
|                    |                      |   |   | Address                                     |  |   |                               |
|                    |                      | Portsmouth, NI  | 103801  |   |  |   |                               |
|                    |                      |   | City/S  | tate and Zip Code                           |  | -   |                               |
|                    |                      | caren.pratt@ocea  | nprop.com   |   |  |   |                               |
|                    |                      | <del></del>   | E-mail address: (to be used                                   | d for future annual                         | report not                                     | (itication)   |                               |
| For fur            | ther in              | formation concerning  | g this matter, please call:                                   |   |  |   |                               |
|                    | Car                  | en Pratt  |   | 603<br>at (                                 |  | 67  |                               |
|                    |                      | Name o  | f Contact Person  | Area Code                                   | Day  | time Telephone Number   |                               |
|                    | Divi<br>Regi<br>P.O. | ILING ADDRESS:<br>sion of Corporations<br>stration Section<br>Box 6327<br>nhassee, FL 32314 |   |   | Division<br>Registrat<br>Clifton B<br>2661 Exe | of Corporations ion Section duilding secutive Center Circle see, FL 32301 |                               |
| Enclos             |                      | check for the follow<br>125.00 Filing Fee   | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status     | □ \$155.00 Filin<br>Certified Copy          | g Fee &  | ☐ \$160.00 Filing Fee, Cer 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:

| (Periodicition under the law of which foreign limited liability company is arganized)  (Data first transacted besisees in Florida, if prior to registration.) (See sections 605.0904 & 603.0905, F.S. to determine penalty liability)  (Street Address of Priscipal Office)  (Street Address of Priscipal Office)  (Street Address of Plorida registered agent: (P.O. Box NOT acceptable)  Name:  Richard Critchfield  Office Address:  1001 E. Atlantic Ave, Suite 201  Delray Beach  (City)  (City)  (City)  (City)  (FEI number, if applicable)  (FEI number, if applicable)  (FEI number, if applicable)  (FEI number, if applicable)  (Mailing Address)  Portsmouth, NH 03801   | (Periodicition under the law of which foreign limited liability company in organized)  (Data first transacted besiness in Florida, if prior to registration.)  (Data first transacted besiness in Florida, if prior to registration.)  (Data first transacted besiness in Florida, if prior to registration.)  (Stock Address of Frincipal Office)  (Stock Address of Frincipal Office)  Delray Beach, FL 33483  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Richard Critchfield  Office Address:  1001 E. Atlantic Ave, Suite 201  Delray Beach  (City)  Delray Beach  (City)  (Ci | (Introduction under the law of which foreign linked liability company is organized)  (Date final transacted between in Florida, if prior to regionalized)  (Consequence of the determine penalty liability)  1001 B. Atlantic Ave. Suite 202  (Street Address of Principal Office)  Delray Beach, FL 33483  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Richard Critchfield  Office Address:  Delray Beach  Office Address:  Delray Beach  (Cky)  Delray Beach  (Cky)  Torida 33483  (Cap code)  (Cky)  Sistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept like appointment as registered agent and agree to act in this capacity. I further omply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar to accept the obligations of my position as registered agent.  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  | (Data final transacted between the law of which foreign linited liability company is erganized)  (Data final transacted between the Scot 6909 feet 603 6909 feet 603 6909 feet for the prenaty liability)  1001 E. Atlantic Ave. Suite 202  (Street Address of Principal Office)  Delray Beach, FL 33483  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Richard Critchfield  Office Address:  Delray Beach  (Chy)  Delray Beach  (Chy)  gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept like appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar is accept the obligations of my position as registered agent.  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:   | (Date final transacted basicess in Florida, if prior to registration.)  (Date final transacted basicess in Florida, if prior to registration.)  (See sections 05) 0994 & 60,000, P.3. to determine penelty inability)  1001 B. Atlantic Ave. Suite 202  (Street Address of Principal Office)  Delray Beach, FL 33483  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Richard Critchfield  Office Address:  1001 E. Atlantic Ave, Suite 201  Delray Beach  (Chy)  (Ch | (Pain first transacted business in Ekrids. If prior to registration.) (See sections 603.0994 & 603.0903, F.S. to determine penalty liability)  1001 B. Atlantic Ave. Suite 202  (Sirest Address of Priscipal Office)  Delray Beach, F.L. 33483  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Richard Critchfield  Office Address:  1001 E. Atlantic Ave, Suite 201  Delray Beach  (Cky)  (Ck | Characterior under the law of which foreign linited liability company is argunized)   Characterior under the law of which foreign linited business in Plands, if prior to registration.  | iame unavailable, enter alternats m  | ams adopted for the purpose of transacting business in F   | lorida. The alternate same samt include "Limited   | Liability Company," "L.L.C," or "LLC.")   |
|--|--|--|--|--|--|--|--|--|--|---|
| (Periodicition under the law of which foreign limited liability company is arganized)  (Data first transacted besisees in Florida, if prior to registration.) (See sections 605.0904 & 603.0905, F.S. to determine penalty liability)  (Street Address of Priscipal Office)  (Street Address of Priscipal Office)  (Street Address of Plorida registered agent: (P.O. Box NOT acceptable)  Name:  Richard Critchfield  Office Address:  1001 E. Atlantic Ave, Suite 201  Delray Beach  (City)  (City)  (City)  (City)  (FEI number, if applicable)  (FEI number, if applicable)  (FEI number, if applicable)  (FEI number, if applicable)  (Mailing Address)  Portsmouth, NH 03801   | (Date final transacted between the fareign linited liability company is expanized)  (Date final transacted between the Fords, if prior to registration.)  (See sections 605 0904 & 603 0909, F.S. to determine penalty liability)  1001 E. 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Claim first Irrespected Sciences (20, 50, 50, 50, 50, 50, 50, 50, 50, 50, 5   | (Per first transacted business in Florida, if prior to registration.) (Ces sections 600 0904 & 600 0905, F.S. to determine penalty lability)  1001 B. Atlantic Ave. Suite 202 (Sirset Address of Priscipal Office)  Delray Beach, FL 33483  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Richard Critchfield  Office Address:  1001 E. Atlantic Ave, Suite 201  Delray Beach  (Cesy)  gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familia d accept the obligations of my position as registered agent.  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| (Street Address of Principal Office)  Oelray Beach, FL 33483  Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach  (City)  (City)  (City)  (City)  1000 Market Street, Building One  (Mailing Address)  Portsmouth, NH 03801  Portsmouth, NH 03801  | 1001 B. Atlantic Ave. Suite 202  (Street Address of Priscipal Office)  Delray Beach, FL 33483  Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)  Name:  Richard Critchfield  Office Address:  Delray Beach  Delray Beach  (Cky)  Delray Beach  (Cky)  | 1001 B. Atlantic Ave. Suite 202  (Street Address of Priscipal Office)  Delray Beach, FL 33483  Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)  Name:  Richard Critchfield  Office Address:  Delray Beach  Delray Beach  (City)  Delray Beach  (City)   | 1001 B. Atlantic Ave. Suite 202  (Street Address of Frieripal Office)  Delray Beach, FL 33483  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Richard Critchfield  Office Address:  Delray Beach  Delray Beach  (Cky)  Sistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar to accept the obligations of my position as registered agent.  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  | 1001 B. Atlantic Ave. Suite 202  (Street Address of Priscipal Office) Delray Beach, FL 33483  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address:  Delray Beach Delray Beach Office Address:  Delray Beach Office Address:  (City)  Delray Beach (City)  gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the prolingated in this application, I hereby accept like appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar address the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address:  | 1000 B. Atlantic Ave. Suite 202   6.   1000 Market Street, Building One   (Mailing Address)  | (Street Address of Piersel Office)  Delray Beach, FL 33483  Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)  Name:  Richard Critchfield  Office Address:  Dolray Beach  Dolray Beach  Dolray Beach  (City)  gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar discrept the obligations of my position as registered agent.  Title or Capacity:  Name and Address:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  |  | sich foreign limited liability company is organized)   | J  | umber, if applicable)   |
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| (Street Address of Priscipal Office)  Delray Beach, FL 33483  Portsmouth, NH 03801  Port | (Street Address of Frieripal Office) Delray Beach, FL 33483  Portsmouth, NH 03801  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address:    1001 E. Atlantic Ave, Suite 201   | (Street Address of Frieripal Office) Delray Beach, FL 33483  Portsmouth, NH 03801  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address:  1001 E. Atlantic Ave, Suite 201  Delray Beach (City)  Delray Beach (City)  (Cit | (Street Address of Frieripal Office)  Delray Beach, FL 33483  Portsmouth, NH 03801  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Richard Critchfield  Office Address:  Delray Beach  Delray Beach  (Cky)  Delray Beach  (Cky)  (Cky)  gistered agent's acceptance:  ving been named as registered agent and to accept service of process for the above stated limited liability company at the prignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am famillar to accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:   | (Street Address of Prizzipal Office)  Delray Beach, FL 33483  Portsmouth, NH 03801  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach (City)  Delray Beach , Florida 33483  (City)  (City)  Gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the prignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar to daccept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Manager Richard C. Ade  1000 Market Street, Suite 300  | (Street Address of Priscipal Office)  Delray Beach, FL 33483  Portsmouth, NH 03801  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Richard Critchfield  Office Address:  Delray Beach  Office Address:  Delray Beach  (City)  Delray Beach  (City)  Florida 33483  (Zip code)  Principal office agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familial d accept the obligations of my position as registered agent.  (Registered agent:  Name and Address:  Title or Capacity:  Name and Address:  | (Street Address of Pierrical Office)  Delray Beach, FL 33483  Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach (City)  gistered agent's acceptance: (City)  gistered agent's acceptance: (City)  gistered agent and as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am famillar accept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Manager Richard C. Ade  1000 Market Street, Suite 300  Portsmouth, NH 03801   |  | (Date first transacted business in Florida, if prior t<br>(See sections 605.0904 & 605.0905, F.S. to deter-  | o registration.)<br>mine penalty liability)  | <del></del>   |
| Portsmouth, NH 03801  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Dolray Beach  (City)  (City) | Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address: Dolray Beach  Dolray Beach  (Chy)  (Chy)  Florida 33483  (Chy)  Dolray Beach  (Chy)  Florida 33483  (Chy)  Sistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar is accept the obligations of my position as registered agent.  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Manager  Richard C. Ade  1000 Market Street, Suite 300  | Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address: Dolray Beach  Dolray Beach  (Chy)  Dolray Beach  (Chy)  Florida 33483  (Chy)  Dolray Beach  (Chy)  Florida 33483  (Chy)  Dolray Beach  (Chy)  Dolray Beach  (Chy)  Dolray Beach  (Chy)  (Chy)  (Chy)  Dolray Beach  (Chy)  (Chy)  (Chy)  (Chy)  (Chy)  (Chy)  (Chy)  (Chy)  Dolray Beach  (Chy)  (Ch | Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address: Richard Critchfield  Dolray Beach  (Cwy)  Dolray Beach  (Cwy)  Florida 33483  (Zep code)  Dolray Beach  (Cwy)  Gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar to accept the obligations of my position as registered agent.  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Manager  Richard C. Ade  1000 Market Street, Suite 300  | Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address: Plorida 1001 E. Atlantic Ave, Suite 201  Dolray Beach  (City)  Dolray Beach  (City)  Gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the prignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar in accept the obligations of my position as registered agent.  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Manager  Richard C. Ade  1000 Market Street, Suite 300   | Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Dolray Beach (Chy)  (Chy)  gistered agent's acceptance:  ving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familial adacept the obligations of my position as registered agent.  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Manager Richard C. Ade  1000 Market Street, Suite 300  | Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Richard Critchfield  Office Address:  Dolray Beach  (City)  Dolray Beach  (City)  Plorida 33483  (Zip code)  Dolray Beach  (City)  pulse acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar is accept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  | 1001 E. Atlantic Ave.  | Suite 202  | 6. 1000 Market Street, Bui   | lding One   |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach Florida 33483  (City) (City) (Zip code)  istered agent's acceptance: ing been named as registered agent and to accept service of process for the above stated limited liability company at the pagnated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further   | Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach (City)  Sistered agent's acceptance:  wing been named as registered agent and to accept the appointment as registered agent and agree to act in this capacity. I further fomply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar accept the obligations of my position as registered agent.  Checklished agent.  Check | Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach (City)  Sistered agent's acceptance:  wing been named as registered agant and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar to accept the obligations of my position as registered agent.  (Registered agent.  (Registered agent.  Name and Address: Title or Capacity: Name and Address:  Name and Address: Title or Capacity: Name and Address:  Name and Address: | Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address: Dolray Beach  Dolray Beach  (City)  Dolray Beach  (City)  Florida 33483  (City code)  Grap code)  gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar to accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address:  Manager Richard C. Ade  1000 Market Street, Suite 300  | Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Dolray Beach Florida 33483  (Chy) Florida 33483  (Chy) (Chy) Florida 33483  (Chy) (Chy) Florida 3483  (Chy)  | Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach Florida 33483  (City) Florida 33483  (City) Gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familia discrept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Manager Richard C. Ade  1000 Market Street, Suite 300  | Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Richard Critchfield  Office Address: Richard Critchfield  Delray Beach  (City)  Delray Beach  (City)  (City)  Gestiered agent's acceptance:  (City)  gistered agent's acceptance:  (City)  (City |  |  |  | Address)  |
| Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Dolray Beach  (City)  (Cit | Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach (City), Florida 33483  (City) (C | Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach (City), Florida 33483  (City) (C | Name:  Office Address:  Delray Beach  (City)  Delray Beach  (City)  (C | Name: Richard Critchfield  Office Address: Dolray Beach  Dolray Beach  (City)  (City)  (City)  (City)  (City)  Florida 33483  (City code)  Sistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the pringinated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar ad accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Manager Richard C. Ade  1000 Market Street, Suite 300   | Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach  (City)  (Cit | Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Dolray Beach , Florida 33483  (City) (City) (City)  gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar di accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Manager Richard C. Ade  1000 Market Street, Suite 300  Portsmouth, NH 03801  | Delray Beach, FL 3348  | 33   | Portsmouth, NH 03801   |   |
| Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Dolray Beach  (City)  (Cit | Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach (City), Florida 33483  (City) (C | Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach (City), Florida 33483  (City) (C | Name:  Office Address:  Delray Beach  (City)  Delray Beach  (City)  (C | Name: Richard Critchfield  Office Address: Dolray Beach  Dolray Beach  (City)  (City)  (City)  (City)  (City)  Florida 33483  (City code)  Sistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the pringinated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar ad accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Manager Richard C. Ade  1000 Market Street, Suite 300   | Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach  (City)  (Cit | Name: Richard Critchfield  Office Address: 1001 E. Atlantic Ave, Suite 201  Dolray Beach , Florida 33483  (City) (City) (City)  gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar di accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Manager Richard C. Ade  1000 Market Street, Suite 300  Portsmouth, NH 03801  |  |  |  |   |
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| Office Address: 1001 E. Atlantic Ave, Suite 201  Dolray Beach  (City)  | Office Address:  Delray Beach  Delray Beach  (City)  ( | Office Address:  Delray Beach  Delray Beach  (City)  (City)  The name, title or capacity:  Name and Address:  Name and Address:  Delray Beach  (City)  | Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach  (Chy)  Gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar to accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  | Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach  (City)  (City)  Gistered agent's acceptance:  ving been named as registered agent and to accept service of process for the above stated limited liability company at the prignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar adaccept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Name and Address:  Richard C. Ade  1000 Market Street, Suite 300  | Office Address:    Dolray Beach   Florida   33483   5     Gistored agent's acceptance:   ving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiarly accept the obligations of my position as registered agent.    City   (Registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiarly accept the obligations of my position as registered agent.    The name, title or capacity and address of the person(s) who has/have authority to manage is/are:   Title or Capacity:   Name and Address:   Title or Capacity:   Name and Address:   N | Office Address:    Dolray Beach   Florida   33483   25   25  | Name and street addres   | s of Florida registered agent: (P.O. Bo  | x NOT acceptable)  | 55  |
| Office Address: 1001 E. Atlantic Ave, Suite 201  Dolray Beach  (Cky)  (C | Office Address:  Delray Beach  Delray Beach  (City)  ( | Office Address:  Delray Beach  Delray Beach  (City)  ( | Office Address:    Dolray Beach   Florida   33483   (Zip code)   | Office Address: 1001 E. Atlantic Ave, Suite 201  Delray Beach  (City)  (City)  Gistered agent's acceptance:  ving been named as registered agent and to accept service of process for the above stated limited liability company at the prignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar adaccept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Name and Address:  Richard C. Ade  1000 Market Street, Suite 300  | Office Address:    Dolray Beach   Florida   33483   5     Gistored agent's acceptance:   ving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiarly accept the obligations of my position as registered agent.    City   (Registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiarly accept the obligations of my position as registered agent.    The name, title or capacity and address of the person(s) who has/have authority to manage is/are:   Title or Capacity:   Name and Address:   Title or Capacity:   Name and Address:   N | Office Address:    Dolray Beach   Florida   33483   25   25  | <b>N</b> I   | Richard Critchfield  |  | <b>21</b> 日   |
| Dolray Beach  (City)   | Delray Beach  (City)   | Delray Beach  (City)   | Delray Beach  (City)  gistered agent's acceptance:  ving been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar is accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Name and Address:  Name and Address:   | Dolray Beach  (City)  gistered agent's acceptance:  wing been named as registered agant and to accept service of process for the above stated limited liability company at the prince of its application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Name and Address:  Name and Address:   | Dolray Beach  (City)   | Dolray Beach  Dolray Beach  (City)  (C | Name:  |  | <del></del>  |   |
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Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TSTREET, 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 SIXTEENTH DAY OF AUGUST, A.D. 2017.

Authentication: 203070477

Date: 08-16-17