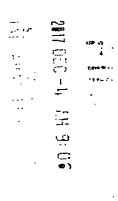
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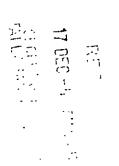
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer:

Office Use Only



200303638552





J. HARRIS

## CT CORP

### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date:	12/4/17 ·	т. 120160000072	_	4:()
Name:	Warehouse A	nywhere, LLC		
Document #:				
Order #:	10736777			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:				
Apostille/Notarial Certification:		Country of Destination: Number of Certs:		
Filing:	Certified: Plain: COGS:			
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	155		
Examiner Updater Verifier W.P. Verifier	Amount: \$	155	J	

Thank you!

#### COVER LETTER

••	ration Section on of Corporatio	ns					
W SURJECT:	arehouse Anywh	ere, LLC					
SUBJECT: Name of Limited Liability Company							
The enclosed "A Existence, and c	application by Fo theck are submitte	reign Limited Liability Comp ed to register the above refere	pany for Authoriza enced foreign limi	ation to Tr ted liabilit	ansact Business in Florida,' y company to transact busin	' Certificate of ness in Florida.	
Please return all	correspondence	concerning this matter to the	following:				
	Deborah Taber	ski					
	=-=	N	ame of Person	<del></del> -	<u> </u>		
	Phillips Lytle I	LLP					
Firm/Company							
	One Canalside,	125 Main Street					
		· · · · · · · · · · · · · · · ·	Address	<u> </u>			
	Buffalo, New Y	Fork 14203					
		City/Si	tate and Zip Code				
	agregoire@lifest	orage.com					
		E-mail address: (to be used	for fiture annual	report no	tification)		
For further infor	mation concernin	g this matter, please call:					
Debora	ah Taberski		716 at (	504-57	37		
<del></del> -	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Divisio Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle iee, F1. 32301		
	eck for the follow 0.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	® \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co		

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORFIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Warehouse Anywhere, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.") (If name unavailable, order alternate name adopted for the purpose of immescing business in Florida. The eliennate name intait include "Limited Liability Company," "L.L.C." or "LLC.") 81-0834328 (furis diction under the law of which foreign lumied lightly company is organized) (FEI number, (Capplicable) Upon filing 5. 6467 Main Street 6467 Main Street (Sheet Address of Principal Office) Williamsville, NY 14221 Williamsville, NY 14221 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System 1200 South Pine Island Road Office Address: Plantation Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place. designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with so and accept the obligations of my position as registered agent. C T Corporation System (Registored agent's signature) 3. 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 Canacity: Name and Address: David L. Rogers Manager Manager Andrew J. Gregoire 6467 Main Street Williamsville, NY 14221 6467 Main Street Edward F. Killeen Manager Manager Glenn Caudill 6467 Main Street Williamsville, NY 1422 370 Wembley Circle Atlanta, GA 30328 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Andrew J. Gregoire, Chief Financial Officer

Typed or priored same of signee

### Warehouse Anywhere, LLC

## Attachment to Florida Application By Foreign Limited Liability Company for Authorization to Transact Business

8. The name, title or capacity and address of the person(s) who have authority to manage is:

Title or Capacity: Name and Address:

Manager Mitch Patterson
370 Wernbley Circle
Atlanta, Georgia 30328

Doc #01-3085073.!

1050-4 AK 9:0

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WAREHOUSE ANYWHERE, 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 FOURTH DAY OF DECEMBER, A.D. 2017.

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



Authentication: 203677104

Date: 12-04-17

5882307 8300 SR# 20177362992