## M1700010345

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J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 941885 4305581

AUTHORIZATION : Spell Ble man

ORDER DATE : December 5, 2017

ORDER TIME : 11:01 AM

ORDER NO. : 941885-005

CUSTOMER NO: 4305581

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## FOREIGN FILINGS

NAME: MVP SOFLO WEST, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## **COVER LETTER**

TO:

то:	Registration Section Division of Corporations						
CITO TE	MVP SoFlo West, LL	С					
30 <b>53</b> E	Name of Limited Liability Company						
The enc Existen	closed "Application by Foreign L ce, and check are submitted to re	imited Liability Compa gister the above referen	any for Authorizat aced foreign limit	ion to Trai ed liability	nsact Business in Florida," Certificate of company to transact business in Florida.		
Picase r	eturn all correspondence concert	ning this matter to the f	ollowing:		·		
	Imole Ogowewo						
	Name of Person						
	Dechert LLP	Dechert LLP					
		Firm/Company					
	1095 Avenue of the	1095 Avenue of the Americas					
		New York, NY 10036					
	New York, NY 10						
	City/State and Zip Code						
	imole.ogowewo@dechert.com						
	E-m	ail address: (to be used	for future annual	report not	fication)		
For fur	ther information concerning this	matter, please call:					
	Imole Ogowewo		212 at (	698-3500			
	Name of Con	tact Person	Area Code	Day	time 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				
Enclos		nount: 130.00 Filing Fee & tificate of Status	S155.00 Filin	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		



December 6, 2017

CSC / ROXANNE TURNER

SUBJECT: MVP SOFLO WEST, LLC Ref. Number: W17000096515

RESUBIL

Please give original submission date as file date

We have received your document for MVP SOFLO WEST, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 517A00024566

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 MVP SoFlo West, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (if name unavailable, coter alternate name adopted for the purpose of transacting business in Florida. The altereste name must include "Limited Liability Company," "L.L.C." or "L.L.C.") 2 Delaware (FEI number, if applicable) (Auractication under the law of which foreign limited liability company is organized) Upon Filing (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine permity hability) 6. 2006 Union Hill Road, Malvern PA 19355 2006 Union Hill Road, Malvern PA 19355 (Mailing Address) (Street Address of Principal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: C.O 1201 Hays Street Office Address: , Florida 32301 Tallahassec 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 and accept the obligations of my position as registered agent. Roxanne Turner Corporation Service Company Asst. Vice President 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Kevin Traynor Manager 2006 Union Hill Road Malvern, PA 19355 Steve Devaux, 1401 Manager Marshallton Thorndale Road Downingtown, PA 19335 (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. Kevin Traynor

Typed or printed name of signer



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

DELAWARE, DO HEREBY CERTIFY "MVP SOFLO WEST, 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 FIFTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MVP SOFLO WEST, LLC" WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 203687286

Date: 12-05-17