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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 987031 4305380
AUTHORIZATION : Truelle le man
COST LIMIT : \$\frac{1}{5}\frac{1}{2}5.00
ORDER DATE : December 29, 2017
ORDER TIME : 3:05 PM
ORDER NO. : 987031-005
CUSTOMER NO: 4305380
FOREIGN FILINGS
NAME: BN CHAOS LLC
XXXX QUALIFICATION (TYPE: LL)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

Registration Section

TO:

SUBJECT: BN Chaos LLC			
	Name of	Limited Liability Company	
The enclosed "Application by F Existence, and check are submi	oreign Limited Liability Com tted to register the above refer	pany for Authorization to Tra enced foreign limited liability	ansact Business in Florida," Certificate company to transact business in Flor
lease return all correspondenc	e concerning this matter to the	following:	
Michael J. M	arotte, Esq.		
	N	ame of Person	
Schenck, Pri	ce, Smith & King, LLP		
	F	irm/Company	
220 Park Av	enue		
		Address	
Florham Parl	k, New Jersey 07932		
	City/S	State and Zip Code	
MIM	@SPSK.Com	d for future annual report not	
		d for future annual report not	ification)
or further information concern	ing this matter, please call:		
Michael J. Marotte, E	<u> </u>	at (973) 539-100	00
Name	e of Contact Person	Area Code Day	time Telephone Number
MAILING ADDRES Division of Corporation Registration Section		Division	<u>CADDRESS:</u> of Corporations ion Section
P.O. Box 6327 Tallahassee, FL 32314		Clifton B 2661 Exc	
Enclosed is a check for the follo			
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$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 (05.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

New Jersev		orida. The alternate name must include "Limiter	u manus (ompany, thic or th	LC,")
11011 201201		3. \$1-0687404		
(Junsdiction under the law of w	hich fereign limited fiability company is organized)	(FEI	number, if applicable)	_
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.)		
11 Vreeland Road		6. 11 Vreeland Road		
(Street Address of Principal Office)			(Address)	_
Florham Park, New Je	rsey 07932	Florham Park, New Jers	sev 07932	<u>_</u>
				_
			: 9	
Name and street addre	ss of Florida registered agent: (P.O. Bo:	x <u>NOT</u> acceptable)		~
Name;	Corporation Service Company		••	9
(vaine,	Corporation Service Company			PH
Office Address:	1201 Hays Street	·		<u>۔</u>
			· · ·	
	Tallahassee	Florida 32301		S
ving been named as re ignated in this applica- comply with the provis	Tallahassee (City) stance: registered agent and to accept service of attion. I hereby accept the appointment of ions of all statutes relative to the propes of my position as registered agentation. Corporation Service Company	process for the above stated lim as registered agent and agree to	act in this capacity. I furi my duties, and I am famili Roxani	he pla ther a liar wi ne T
wing been named as re signated in this applica- comply with the provis	(City) stance: egistered agent and to accept service of ation, I hereby accept the appointment o ions of all statutes relative to the prope s of my position as registered agent	process for the above stated lim us registered agent and agree to r and complete performance of	ited liability company at the act in this capacity. I furn my duties, and I am famili	he pla ther a liar wi ne T
signated in this applica comply with the provis d accept the obligation	ctance: egistered agent and to accept service of egistered agent and to accept service of etion, I hereby accept the appointment o ions of all statutes relative to the prope s of my position as registered agenta Corporation Service Company By:	process for the above stated lim us registered agent and agree to r and complete performance of signature)	nited liability company at the act in this capacity. I furing my duties, and I am familia Roxani Asst. Vice	he pla ther d liar w ne T
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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

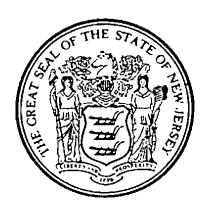
BN CHAOS LLC 0400613166

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 November 06, 2013.

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:

MICHAEL J. MAROTTE, ESQ. SCHENCK, PRICE, SMITH & KING, LLP 220 PARK AVENUE FLORHAM PARK, NJ 07932



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 29th day of December, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6085039588

Verify this certificate online at

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