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| A N DECICEDED ACENTS INC | ļ |
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| Account Number : I2009000081 ♣ | ÷ |
| Phone : (307)200-2803 | (|
| Fax Number : (855)330-1010 | |
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Foreign Limited Liability Company INHABIT INTERIORS, LLC

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

IN COMPTIANCE WITH SECTION 605:0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| t name unavailable, enter al | ternate name adopted for the purpose o | f transacting busine | ss in Florida. The alternate nam | e must include "Limited |
|--|--|---|--|-------------------------|
| iability Company," "L.L.C," | or "LLC.") | | | |
| MARYLAND | of which foreign limited hability | 3. <u>N/A.</u> | (FEI number, if applicable) | |
| company is organized) | , | | | |
| N/A | (Date first transacted business | in Florida, if prior t | o registration) | - |
| | (See sections 605,0904 & 605,09 | 105, F.S. to determin | e penalty liability) | |
| 3030 N. ROCKY PO | INT DR, STE 150, TAMPA, FL | 33607 | | - |
| | | | | |
| | (Street Address of Pri | ncipal Office) | | - |
| 3030 N. ROCKY POI | NT DR. STE 150, TAMPA, FL. 3 | 33607 | · | · |
| | | | | AR T |
| | (Mailing Ad | ldress) | | N 12 |
| Name and street addre- | ss of Florida registered agent: (P.O | . Box NOT accep | stable) | が、で |
| | NORTHWEST REGISTERED | | | 一声(全 口 |
| Name: | | | | 9 9 |
| Office Address: | 3030 N. Rocky Point Dr. | STE ISUA | | 95 94 |
| | Tampa | | , Florida <u>33607</u> | _ |
| | (City) | | (Zip code) | |
| legistered agent's accep | otance: | na at menouse for t | he abave stated limited light | ility company at the pl |
| laving been named as re esignated in this applica o complywith the provisi | otance: orgistered agent and to accept service ation, I hereby accept the appointm ions of all statutes relative to the pr my position as registered agent. | nent as registerederoper and complete | agent and agree to act in the feet performance of my duties | is capacity. A further |
| laving been named as re lesignated in this applica a complywith the provisi accept the obligations of | otance: orgistered agent and to accept service ation, I hereby accept the appointm ions of all statutes relative to the pr my position as registered agent. (Register | nent as registered- roper and completed Love— red agent's signature | agent and agree to not in the performance of my duties | is capacity. A further |
| laving been named as re esignated in this applica o complywith the provisi eccept the obligations of S. The name, title or cap | otance: registered agent and to accept service ation, I hereby accept the appointm ions of all statutes relative to the pr my position as registered agent. (Register acity and address of the person(s) w | nent as registered- roper and completed Flove- red agent's signature who has/have author | agent and agree to not in the performance of my duties) prity to manage is/are: | is capacity. A further |
| laving been named as re lesignated in this applica o complywith the provision eccept the obligations of S. The name, title or cap | otance: orgistered agent and to accept service ation, I hereby accept the appointm ions of all statutes relative to the pr my position as registered agent. (Register | nent as registered- roper and completed Flove- red agent's signature who has/have author | agent and agree to not in the performance of my duties) prity to manage is/are: | is capacity. A further |
| lesignated in this applicate complywith the provision of the obligations of the obligations of the name, title or cap | otance: registered agent and to accept service ation, I hereby accept the appointm ions of all statutes relative to the pr my position as registered agent. (Register acity and address of the person(s) w | nent as registered- roper and completed Flove- red agent's signature who has/have author | agent and agree to not in the performance of my duties) prity to manage is/are: | is capacity. A further |
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| Having been named as re- lesignated in this applica- o complywith the provisi- necept the obligations of 8. The name, title or cap JENNIFER HARDY, M O. Attached is a certificate surisdiction under the law | otance: registered agent and to accept service ation, I hereby accept the appointm ions of all statutes relative to the pr my position as registered agent. (Register acity and address of the person(s) w EMBER, 3030 N. ROCKY POIN e of existence, no more than 90 days of which it is organized. (If the cer- submitted) | The and complete and complete and complete and complete agent's signature who has/have authout DR, STE 150/4 as old, duly authout attiticate is in a force | ority to manage is/are: A. TAMPA, FL 33607 | custody of records in |
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Typed or printed name of signer

MORGAN NOBLE

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES. TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT INHABIT INTERIORS, LLC (W16946188), REGISTERED DECEMBER 22, 2015, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 12, 2018.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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