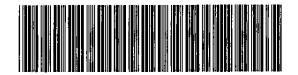
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(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE.

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o simmons har - 2 2013 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195

REFERENCE : 091511 7733694

AUTHORIZATION : Oscillo Blema

COST LIMIT : \$ 125.00

ORDER DATE: March 1, 2018

ORDER TIME: 12:49 PM

ORDER NO. : 091511-005

CUSTOMER NO: 7733694

#### FOREIGN FILINGS

NAME: SPRAY ROAD, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

#### **COVER LETTER**

то:		ration Section on of Corporation	s					
SUBJE	CT· S <sub>j</sub>	pray Road, LLC						
SCEUE	Name of Limited Liability Company							
The encl Existence	losed "/ ce, and o	Application by Fore check are submitted	eign Limited Liability Comp I to register the above refere	oany for Authoriza enced foreign limit	ition to Tra ted liability	ansact Business in Florida," y company to transact busin	Certificate of less in Florida.	
Please re	eturn al	l correspondence co	oncerning this matter to the	following:				
		Julia G. Sowoni	k					
			N	ame of Person				
		Ropes & Gray L	LLP					
			Fi	irm/Company				
		191 N. Wacker	Drive, FL 32					
			<del></del>	Address				
		Chicago, IL 606	06					
			City/S	tate and Zip Code				
		julia.sowonik@rc	pesgray.com					
			E-mail address: (to be used	d for future annual	report no	tification)		
For furtl	her info	rmation concerning	this matter, please call:					
	Julia (	G. Sowonik		312 at (	845-13	04		
		Name of	Contact Person	Area Code	Day	rtime Telephone Number		
	Division Regist P.O. B	and Address: on of Corporations ration Section fox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations cion Section Building ecutive Center Circle see, FL 32301		
Enclose		neck for the followi 15.00 Filing Fee	ng amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filit Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Conference of Status & Certified Conference		

### 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:

L. Spray Road, LLC					
(Name of Fore	ign Limited Liability Co	ompany; must incl	ude "Limited Li	ability Company," "L.L.C"	or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted fo	r the purpose of tr	ansacting busine	ess in Florida, The alternate t	name must include "Limited
2. Delaware		3	N/A		
(Jurisdiction under the law company is organized)	of which foreign limited			(FEI number, if applicab	ole)
4. March 9, 2018			· · · · · · · · · · · · · · · · · · ·		
5 Ayco, c/o Rob Newsor	(See sections 605.)	acted business in 1 0904 & 605.0905,	Fionda, ii prior t F.S. to determin	o registration.)	
321 Broadway, Saratog	ga Springs, NY 12866	<del></del>			_
	•	Address of Princip	pal Office)		— 
6. Ayco, c/o Rob Newson					<b>&amp;</b>
321 Broadway, Saratog	a Springs, NY 12866				三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三
		(Mailing Addre	ss)		SS - E
7. Name and street address		-	ox <u>NOT</u> accep	otable)	THE PERSON NAMED IN
Name:	Corporation Service	Company		<del></del>	LOR 1 9
Office Address:	1201 Hays Street			<del></del>	F 52
	Tallahassee			, Florida 32301	
<b>.</b>		(City)		(Zip code)	
designated in this applica-	gistered agent and to tion, I hereby accept to ons of all statutes rela	the appointment ative to the prop	t as registered	agent and agree to act in	ability company at the place this capacity. I further agree ties, and I am familiar with an Roxanne Turner Asst. Vice President
		(Registered a	igent's signature	)	
8. The name, title or capa William J. Nutt, Co-Mana	•	• • •		, ,	
Deborah S. Nutt, Co-Man	· · · · · · · · · · · · · · · · · · ·				
	of which it is organize				ng custody of records in the n of the certificate under oath
	الم الم	& Sour	muk"		
	Julio	Signature of an	authorized perso	on	
This document is executed submitted in a document to	in accordance with se	ection 605.0203	(1) (b), Florida	Statutes. I am aware that	any false information
	Julia G. Sowonik	u	a angree te	and the second second second	

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SPRAY ROAD, 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 FIRST DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPRAY ROAD, LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2018.

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

Authentication: 202237561

Date: 03-01-18