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J. LEGGETT APR 02 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 089338 8157175

AUTHORIZATION :

COST LIMIT : \$ 15.00

ORDER DATE: February 28, 2018

ORDER TIME : 1:27 PM

ORDER NO. : 089338-125

CUSTOMER NO: 8157175

FOREIGN FILINGS

NAME: CORCENTRIC, 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:

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:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liab	oility Company," "L.L.C," or "LLC ")
Delaware		3. 22-3534008	
(Jurisdiction under the law of which foreign limited hability company is organized)		٥.	er, if applicable)
4. upon filing			
4. <u>1 - 5 </u>	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determine	registration.)	
5: 457 Haddonfield Rd,		6. 457 Haddonfield Rd, Suite	220
(Street Address of		(Mailing Addr	ess)
Cherry Hill, NJ 08002	2	Cherry Hill, NJ 08002	
			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
7. Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)	- 10 B
Name:	Corporation Service Company		
Name.			10 9 10
Office Address:	1201 Hays Street		73.7 %
	Tallahassee	, Florida 32301	**************************************
Registered agent's acce	(City)	(Zip code	-,
	sions of all statutes relative to the proper as of my position as registered agent. Corporation Sarriog Company By:	and complete performance of my o	duties, and I am familiar with Roxanne Turner Asst. Vice President
and accept the obligation 8. The name, title or cap	Corporation Carriog Company By: (Registered agent's pacity and address of the person(s) who have	signature) as/have authority to manage is/are:	Roxanne Turner Asst. Vice President
 8. The name, title or cap <u>Title or Capacity:</u> 	corporation carried Company By: (Registered agent's pacity and address of the person(s) who has Name and Address:	Signature)	Roxanne Turner
and accept the obligation 8. The name, title or cap	corporation carried Company By: (Registered agent's carried and address of the person(s) who has Name and Address: Corcentric, Inc.	signature) as/have authority to manage is/are: Title or Capacity:	Roxanne Turner Asst. Vice President
 8. The name, title or cap <u>Title or Capacity:</u> 	corporation Service Company By: (Registered agent's pacity and address of the person(s) who has Name and Address:	signature) as/have authority to manage is/are: Title or Capacity:	Roxanne Turner Asst. Vice President
 8. The name, title or cap <u>Title or Capacity:</u> 	corporation Service Company By: (Registered agent's continuous and address of the person(s) who has a Name and Address: Corcentric, Inc. 457 Haddonfield Rd, Suite 22	signature) as/have authority to manage is/are: Title or Capacity:	Roxanne Turner Asst. Vice President
 8. The name, title or cap <u>Title or Capacity:</u> 	corporation Service Company By: (Registered agent's continuous and address of the person(s) who has a Name and Address: Corcentric, Inc. 457 Haddonfield Rd, Suite 22	signature) as/have authority to manage is/are: Title or Capacity:	Roxanne Turner Asst. Vice President
 8. The name, title or cap <u>Title or Capacity:</u> 	ns of my position as registered agent. Corporation Service Company By: (Registered agent's pacity and address of the person(s) who has Name and Address: Corcentric, Inc. 457 Haddonfield Rd, Suite 22 Cherry Hill, New Jersey 0800	signature) as/have authority to manage is/are: Title or Capacity:	Roxanne Turner Asst. Vice President
8. The name, title or cap Title or Capacity: Member (Use attachments if nece 9. Attached is a certificat jurisdiction under the law	corporation as registered agent. Corporation Service Company By: (Registered agent's pacity and address of the person(s) who has a Name and Address: Corcentric, Inc. 457 Haddonfield Rd, Suite 22 Cherry Hill, New Jersey 0800 essary) e of existence, no more than 90 days old, of which it is organized. (If the certificat	signature) as/have authority to manage is/are: Title or Capacity:	Name and Address: ving custody of records in the
8. The name, title or cap Title or Capacity: Member (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be seen to the see	corporation Service Company By: (Registered agent's Registered agent) (Registered agent's Registered agent. (Registered agent's Registered agent'	signature) as/have authority to manage is/are: Title or Capacity: duly authenticated by the official hate is in a foreign language, a translation of the company of the co	Name and Address: ving custody of records in the ion of the certificate under oath e that any false information
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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CORCENTRIC, 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORCENTRIC, LLC"

WAS FORMED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2016.

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

Authentication: 202229415

Date: 02-28-18

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