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AFR 25 2018

J SHIVERS

## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	JHPDE SPV II, LLC				
SOBO	EX.1.	Name of I	Limited Liability (	Company	
					insact Business in Florida," Certificate of company to transact business in Florida
Please	return all correspondence concern	ing this matter to the	following:		
	Brenda Tirrel				
		N <sub>i</sub>	ime of Person		·
		Fí	rm/Company		
	5212 S Westwind Ave	·		<u></u>	
			Address		
	Sioux Falls, SD 57108				
		City/S	tate and Zip Code		<del></del>
	btirrel@jzservices.com				
	E-ma	il address: (to be used	for future annual	report not	ification)
For fur	rther information concerning this n	natter, please call:			
	Brenda Tirrel		800 _ at (	670-63	
	Name of Conta	act Person	Area Code	Day	time Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahussee, FL 32314			Division ( Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding centive Center Circle ee, FL 32301
Enclos		ount: 30.00 Filing Fee & ficate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS: IN THE STATE OF FLORIDA:

Delaware   Characterion under the law all-which foreign furthed liability company is expansional   Characterion under the law of law all-which foreign furthed liability company is expansional   Characterion under the law of Characterion under the law of Wick and Characterion under the law of which it is organizated.   Same Address of Florida registered agent: (P.O. Box NOT acceptable)   Anne:   C T Corporation System   Corp	name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The alternate name	must include "Limited I	Liability Company," "L.1,.C." or "	LI.C.")
(Charles light immune of biological 60, 2005; F.S. to determine young hability)  5757 Phantom Drive, Suite 275A  (Street Address of Piocipal Office)  (Hazelwood, MO 63042    Maintag Address   Hazelwood, MO 63042    Maintag Address   Hazelwood, MO 63042    Maintag Address   Hazelwood, MO 63042    Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   Name: C T Corporation System   Chry	Delaware	•	3. 82-368	1213		
Street Address of Principal Office) Hazelwood, MO 63042  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation  Plantation  (Csp)  (Cs	(Jurisdiction under the law of w	hich foreign limited liability company is organized)	<u> </u>	(FE) nu	umber, if applicable)	_
Since Address of Principal Office)  Hazelwood, MO 63042  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation  (Cmy)  (C						
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   Hazelwood, MO 63042		(Date first transacted business in Florids, it prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration.) mne penalty liability)			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation  (Cny)  (Corporation agests ateated limited liability company at the proc	5757 Phantom Drive,	Suite 275A	6. <u>5757 Ph</u>			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: C T Corporation System  Office Address: 1200 South Pine Island Road  Plantation , Florida 33324  (Cry)			Hazelwo	-	ddress)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  1200 South Pine Island Road  Plantation  Plantation  Plantation  (Crey)  gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I bereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am famillar di accept the obligations of my position as registered agent.  By:  CT Corporation System  By:  CT Corporation System  CT Corporation System  By:  CT Corporation System  CT Corporation System  Asst. Secret  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:	1142014000, 1410 0504	<u>-</u>		30d, N10 03042		
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Office Address:    Plantation   Florida   33324   (Zip code)   7   7   7   7   7   7   7   7   7	Name:	C 1 Corporation System				
gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent.  By: CT Corporation System  CT Corporation System  Registered agent' security to manage is/are:  Title or Capacity:  Name and Address:  I hazelwood, MO 63042  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in sadiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information mitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Office Address:	1200 South Pine Island Road	<del></del>		(1)	
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Page 1



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

DELAWARE, DO HEREBY CERTIFY "JHPDE SPV II, 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 SEVENTEENTH DAY OF APRIL, A.D. 2018.

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

Authentication: 202528729

Date: 04-17-18