Florida Department of State

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Corporate Filing Menu

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

IN COMPILANCE WITH SECTION (05:000), FLORIDA STATUTEN. THE POLICIMING IS SUBMITTED TO REGISTER A PORÉGIS LIMITED HABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY

lif name unavailable, enter alternate m	ame adopted for the purpose of transacting business in F	feelds. The alternate name must include "Limited Lia	thiling Company, " L I. C." or "LLC.";
2. Delaware		3. 83-1783946	
(Jurisdiction under the law of w)	web foreign hinered liability company is organized)	(FEI num)	ber, 16 applicable)
4.			
	(Date link transneted business in Florida, if prior (See security 605-0904 A 605-0905, F.S. to deter	io regeniation) irone pen diy kability)	201 FAI
5. 171 N. Broad St.		6. PO Box 1109	
(Sirce) Address of l	тисіра! ОПісе)	(Mading Add	エリー ロー
Doylestown, PA 1890	1	Doylestown, PA 18901	
		/ 	
7. Name and street address	g of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name:	Fanelli Law Firm, PA		AM 10: 40 OF STAIL E. FLORIE
	5300 NV Commun St. Str. 200	**************************************	## 5
Office Address:	5300 W. Cypress St., Stc. 200		•
	Танъро	Florida <u>33607</u>	
Registered agent's accep	(Chy)	(7ap cod	de)
		mite V. Panetii Presi	ident
	Registered agent	Julie V. Fanelli, Presi	ident
8. The name, title or capa Title or Capacity:	(Registered agent acity and address of the person(s) who Name and Address:	's signature]	Name and Address:
	acity and address of the person(s) who	has/have authority to manage is/are:	
Title or Capacity:	neity and address of the person(s) who Name and Address: Clyde C. Leaver, III P.O Box 1109	has/have authority to manage is/are:	
Title or Capacity:	neity and address of the person(s) who Name and Address: Clyde C. Leaver, III	has/have authority to manage is/are:	
Title or Capacity:	neity and address of the person(s) who Name and Address: Clyde C. Leaver, III P.O Box 1109	has/have authority to manage is/are:	
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MGR (Use attachments if neces	ceity and address of the person(s) who Name and Address: Clyde C. Leaver, III P.O Box 1109 Dovlestown, PA 1890): Sary)	has/have authority to manage is/are: Title or Capacity:	Name and Address:
Title or Capacity: MGR (Use attachments if neces 9. Attached is a certificate jurisdiction under the law	ceity and address of the person(s) who Name and Address: Clyde C. Leaver, III P.O. Box 1109 Dovlestown, PA 1890): Sary) of existence, no more than 90 days old of which it is organized. (If the certific	has/have authority to manage is/are: Title or Capacity:	Name and Address:
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Title or Capacity: MGR (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be si 10. This document is exec	Sary) of existence, no more than 90 days nic of which it is organized. (If the certific abmitted) uted in accordance with section 605.02 of the Department of State constitutes a	has/have authority to manage is/are: Title or Capacity: I, duly authenticated by the official hate is in a foreign language, a transla	Name and Address: aving custody of records in the tion of the certificate under oath
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EM INVESTORS SPE 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 FIFTH DAY OF SEPTEMBER, A.D. 2018.

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

7038074 8300

5R# 20186510129

You may verify this certificate online at corp.delaware.gov/autiwer.shtml

Jeffrey W. Bulleca, Secondary of State

Authentication: 203366282

Date: 09-05-18