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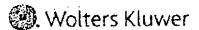
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Tori Wolfe Associate Fulfillment Specialist Fulfillment Operations CT Corporation

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

IN COMPLIANCE WITH SECTION 6050202, FLORIDA STATUTEN THE FOLLOWING IS SCRIMITTED TO REGISTER A FOREIGN LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Wannana and the control of the contr | name adopted for the purpose of transacting business in F | loeste Hors | Remoste name must be bute "Limited I a | bility Company, "T. L.C." or "U. | _ .C T) |
|--|--|--|---|--|------------------------|
| | ising adopted by the purpose of distrocting business of r | IIMREC THE B | ACTIBLE INTO HICKORY CHARLES LIN | icitiy Company, Trian, or or | , |
| DELAWARE (Jurisdiction under the law of w | hich foreign limited liability company is organized) | 3. | (FE) mount | ser, if applicable) | - |
| | Upon Filing | | | | |
| 4 | (Date first frammated business in Florida, if prior (See sections 605 0Mst & 605 0005, F.S. to deter | lo registration | <u>)</u> | | |
| 5 - 865 W. IRVING PAR | | | | ĎΑÐ | |
| 5. (Stret Address of | Principal Office) | 6. | 865 W IRVING PARK RI (Stating Add | n'ss) | - |
| ITASCA, IL 60143 | | | ITASCA, IL 60143 | | _ |
| | | | | 200 | |
| | | | | AN C | 11 |
| Name and street address. | <u>ss</u> of Florida registered agent: (P.O. Bo | x NOT: | acceptable) | 27 | - |
| Name: | CTCORPORATIONSYSTEM | | | SSERY F | m |
| 0.07 4.11 | 1200SOUTHPINEISLANDROAL |) | | ing z | |
| Office Address: | | | 22224 | 07 | ں م |
| | PLANIATION (City) | | Florida 33324 (Zip cox | 골드 (| 2 |
| designated in this applic to comply with the provi | egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the prop my of my position as registered agent. | as regist er and co | ered ugent and agree to act emplete performance of my | in this capacity. I fur duties, and I am famil | ther agree |
| Having been named as r designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap | egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the propers of my position as registered agent. (Registered specification and address of the person(s) who | as regist er and co angusture) has/have | James M. Halp Assistant Secretar authority to manage is/are: | in this capacity. I fur duties, and I am fami in | ther agree iar with |
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Page 1

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

DELAWARE, DO HEREBY CERTIFY "5343 BOWDEN RD., 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 FOURTH DAY OF OCTOBER, A.D. 2018.

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

7046874 8300
SR# 20186988201
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203550874

Date: 10-04-18