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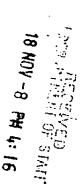
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 476692 AUTHORIZATION : COST LIMIT : ORDER DATE: November 8, 2018 ORDER TIME : 12:57 PM ORDER NO. : 476692-040 CUSTOMER NO: 4300043 FOREIGN FILINGS NAME: MURPHY DCB MANAGEMENT LLC XXXX_ QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MURPHY DCB MAN (Name of Foreign	AGEMENT LLC Limited Liability Company; must include "Limited Liability Company; must include "Liability Company; must include "Liability Company; must include "Liability Company; must include "Limited Liability Company; must include "Liability Company; must include "Liability Company; must include "Liability Company; must include "Liability Company" in the Company in t	oility Company," "U.L.C.," or "LLC")		
(If name unavailable, onter alternate as	nine adopted for the purpose of transacting business in Florida 1	he alternate name must include "Limited Liab	oility Company," "L.L.C." or "LL.C.")	
DELAWARE		2		
۷٠	such foreign limited liability company is organized)	3. (FEI numb	(FEI number, if applicable)	
4 Effective Upon Filing				
	(Date first transacted business in Florida, if prior to registr (See sections 605 0904 & 605 0905, F.S. to determine per	ntion) salty liability)		
5 161 EAGLE ROCK A	·	6. 161 EAGLE ROCK AVE		
(Street Address of Principal Office)		O. (Mailing Addi	ress) — vi 🙃	
2ND FLOOR		2ND FLOOR	<u> </u>	
ROSELAND, NJ 07068		ROSELAND, NJ 07068	20	
			φ	
7. Name and street addres	is of Florida registered agent: (P.O. Box NC	OT acceptable)	1-8	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Tallahassee			
	(City)	Florida 32301 (Zip cod	<u></u>	
	Corporation Sorvice Company By: (Registered agent's signal acity and address of the person(s) who has/ha	,		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
MANAGER	David C. Bloom			
	161 Eagle Rock Av. 2nd Floor Roseland, NJ 07068			
				
(Use attachments if neces	ssary)			
jurisdiction under the law of the translator must be s	•	in a foreign language, a translat	tion of the certificate under oa	
	cuted in accordance with section 605.0203 (1 o the Department of State constitutes a third			
	Signature of ar	authorized person		
	- 	C. Bloom		
	Typed or prin	ted name of signee		

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MURPHY DCB MANAGEMENT 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 EIGHTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MURPHY DCB MANAGEMENT LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2018.

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

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Authentication: 203863509

Date: 11-08-18

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