Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

Email Address:	
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Foreign Limited Liability Company TSI-ATC ALICO MISSION, LLC

Certificate of Status	Û
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Electronic Filing Menu

Corporate Filing Menu

Help

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

	TION 605,0002, FLORIDA STATUTES, THE FA USINESS INTHE STATE OF PLORIDA:	OLLOWING IS SUBMITTED TO REGIS	HER A FOREIGN LIMITED LIABILIT	
I. TSI-ATC Alleo Missie				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company, "15, L.C., " or "L.L.C.		
(If name unavailable, order abstrate	nerse adequical for the purpose of transacting Euriness to Flo	inda. The alternate name must include "Limited L	obility Company," "LL C," or "LLC,")	
2. Delaware		3		
(Junishmen erder the law of w	hich tureign limited highlidy company is organized)	(FEI nu	(FEI number, if emplicable)	
4		- Laboratoria de la companyo de la c	The markets are	
	(Date first semisacted business in Horida, if prior to (See socions 603,0904 & 605,0905, F.S. to deserts		7 7 7	
5. 399 Executive Boulev	ard	6. 399 Executive Boulevard		
Elmsford, NY 10523		Elmsford, NY 10523		
			<u> </u>	
			**	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	C T Corporation System			
Office Address	1200 South Pine Island Road			
Office Address:	The same of the sa	20004	***	
	Plantation (CSs)	,Florida 33324		
to comply with the provis	ution, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. By: CT Corporation System		v dutles, and I am familiar with	
	(Registered agent's			
8. The name, title or cap	acity and address of the person(s) who ha	as/have authority to manage is/are:		
Title or Canacity:	Name and Address:	Title or Capacity:	Name and Address:	
Sentor VP and CFO	Carolyn Spatafora	President and CEO	Patrick Walsh	
	399 Executive Boulevard Elinsford, NY 10253	<u>.</u> -	399 Executive Boulevard Elmsford, NY 10253	
General Counsel	Stuart Steinberg			
	2 Rodco Drive Edgewood, NY 11717			
(Use attachments if neces	sary)			
	of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)			
	outed in accordance with section (06.020) to the Department of State constitutes of			
	Samue	of an audicated person		

Typed or printed name of signeo

Carolyn Spatafora

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TSI-ATC ALICO MISSION, 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 SEVENTH DAY OF FEBRUARY, A.D. 2019.

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

6711581 8300

SR# 20190821362

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

Authentication: 202222304

Date: 02-07-19