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Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 704560 7906508 AUTHORIZATION (COST LIMIT ORDER DATE: March 29, 2019 ORDER TIME : 9:22 AM ORDER NO. : 704560-030 CUSTOMER NO: 7906508 FOREIGN FILINGS NAME: VERTICAL LIMIT CONSTRUCTION, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ___ PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Lydia Cohen -- EXT# 62974

COVER LETTER

TO:

Registration Section Division of Corporations

Vertical Limit Construction, L SUBJECT:	LLC					
Name of Limited Liability Company						
The enclosed "Application by Foreign Limi Existence, and check are submitted to regist	ted Liability Company ter the above referenced	for Authorizz I foreign limi	ation to Transac ted liability cor	et Business in Florida," Certificate of mpany to transact business in Florida.		
Please return all correspondence concerning	g this matter to the follo	owing:				
Paul Kestenbaum						
	Name	of Person				
QualTck USA, LLC						
Firm/Company						
1150 First Avenue, Suite	600					
Address						
King of Prussia, PA 1940	6					
	City/State a	ınd Zip Code	- · · ·			
licenses@verticallimit.com						
E-mail a	E-mail address: (to be used for future annual report notification)					
For further information concerning this matt	er, please call:					
Paul Kestenbaum	at (484	804 - 4504			
Name of Contact	Person	Area Code	Daytime	Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET AD Division of Co Registration S Clifton Buildin 2661 Executiv Tallahassee, F	orporations ection ng e Center Circle		
Enclosed is a check for the following		IT AT OF .	n.r.			
Please make check payable to: FLC	ORIDA DEPARTMEN 30.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & ed Copy	\$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: Vertical Limit Construction, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter sitemate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liabinty Company," "L.L.C," or "LLC,") 83-3826166 (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1150 First Avenue, Suite 600 (Street Address of Principal Office) King of Prussia, PA 19406 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position/as registered agent. Lydia Cohen

Corporation Service

Company_

(Registered agent's signature)

Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers exper manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Christopher Scott Hiscy Name: Eric Bicknese Manager Manager Address: 1150 First Avenue, Suite 600 Address: _____ Member King of Prussia, PA 19406 Wanamingo, MN 55983 Authorized Authorized Person Person Other_CEO Other Other Other Name: _ Stephen T. Forbes Name: Elizabeth Downey Manager Address: 1150 First Avenue, Suite 600 Address: 1150 First Avenuc, Suite 600 Member King of Prussia, PA 19406 King of Prussia, PA 19406 Authorized Authorized Person Person CFO Other_ Other_CAO Other_____ Other____ Manager Name: ____ Manager Member Address: _____ Member Address: Authorized Authorized Person Person Other Other_ Other Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonndexed individuals may be added to the index when filing your Florida Department of State Annual Report form.). Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath f the translator must be submitted) 0. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ibmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. C. Scott Hisey

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "VERTICAL LIMIT CONSTRUCTION, 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 TWENTY-NINTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERTICAL LIMIT CONSTRUCTION, LLC" WAS FORMED ON THE FIFTH DAY OF MARCH, A.D. 2019.

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





Authentication: 202541888

Date: 03-29-19

7309227 8300 SR# 20192386116

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