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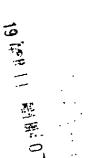
(Requestor's Name)
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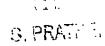
Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 722285 4714208

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : April 10, 2019

ORDER TIME : 5:55 PM

ORDER NO. : 722285-025

CUSTOMER NO: 4714208

FOREIGN FILINGS

NAME: ST. PETERSBURG FL PAD, 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:

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:

I. ST. PETERSBURG I			
(Name of Fo	reign Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or '	LLC.")
Liability Company," "L.L.C	alternate name adopted for the purpose of transacting	business in Florida. The alternate nam	e must include "Limited
2. DELAWARE	3.		
(Jurisdiction under the la- company is organized)	w of which foreign limited liability	(FEI number, if applicable)	
4			201
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to d	prior to registration.)	3 77
5 295 MADISON AVI		, , , , , , , , , , , , , , , , , , ,	THE PRINT
ALCHI MODIZ ANG LO	017	· · · · -	
NEW YORK, NY 10	(Street Address of Principal Office	1	
6. 295 MADISON AVE	•	,	AND: 00
			00
NEW YORK, NY 10	017 (Mailing Address)		<i>.</i>
7. Name and street addre	ess of Florida registered agent: (P.O. Box NOT	acceptable)	
Name:	CORPORATION SERVICE COMPANY		
Office Address:	1201 HAYS STREET		
	TALLAHASSEE	, Florida <u>32301</u>	
	(City)	(Zip code)	
designated in this applic to complywith the provis	prance: registered agent and to accept service of process ation, I hereby accept the appointment as regis sions of all statutes relative to the proper and co proposition as registered agent (Registered agent's sig	tered agent and agree to act in this implete performance of my duties, Roxanne Turr Asst. Vice Presi	s capacity. I further agree and I am familiar with and 101
	(Registered agent's sig	nature)	
8. The name, title or cap RONALD OEHL, MAN	pacity and address of the person(s) who has/have IAGING MEMBER	authority to manage is/are:	
295 MADISON AVE 37	TH FL		
NEW YORK, NY 10017	7		
	e of existence, no more than 90 days old, duly at of which it is organized. (If the certificate is in submitted)		
	Signature of an authorize	d person	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ST. PETERSBURG FL PAD, 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 TENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ST. PETERSBURG FL PAD, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2019.

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

Authentication: 202619657

Date: 04-10-19