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Registration Section
Division of Corporations

TO:

;

SUBJECT:	Soho Abstract LLC					
302011.011	Name of Limited Liability Company					
				tion to Transact Business in Florida ed liability company to transact bus		
Please return	all correspondence conc	erning this matter to the fol	lowing:			
	Andrew L. Miller					
Name of Person						
Soho Abstract LLC						
Firm/Company 15 St. Asaphs Road					_	
		۸	ddress			
Bala Cynwyd, PA 19004						
	City/State and Zip Code					
nlynch@sohoabstract.com & amiller@amillerlaw.com						
	E-	mail address: (to be used fo	r future annual	report notification)	919	
For further in	nformation concerning thi	is matter, please call:			2019 SEP	3.3
An	drew L. Miller	3	610 .t (617-1776	0	
	Name of Co	ontact Person	Area Code	Daytime Telephone Number	PH 4: 29	الريدة
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		: 29	
Plea		ollowing amount: o: FLORIDA DEPARTM S130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & S160.00 Filing ed Copy of Status & Co	_	

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: Soho Abstract LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Honda. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") Montgomery County, PA (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 01/31/2019 (Date first transacted business in Florida, if prior to registration) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability) 15 St. Asaphs Road, Bala Cynwyd, PA 19004 15 St. Asaphs Road, Bala Cynwyd, PA 19004 5. (Sueet Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation . Florida _ (City) 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. Stephanie Hencz Stephane Honoy As:
(Registered agent's signature) **Assistant Secretary**

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Andrew L. Miller Name: ____ Manager Manager Manager Address: ____15 St. Asaphs Road Address: 15 St. Asyls R Member Member Bala Cyn-y/1/4 1900 Bala Cynwyd, PA 19004 Authorized Authorized Person Person Other____ Other____ Other Other Manager ■Manager Name: _____ Name: _____ Address: _____ Member Member Address: Authorized Authorized Person Person Other Other____ 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. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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. Signature of an authorized person

Typed or printed name of signee

Andrew L. Miller

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

09/04/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SOHO ABSTRACT, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE CONTRACTOR

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC190904141485-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify