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2019 1: 1:21 7:10:30

T GLASS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 058781 809524

AUTHORIZATION : Signella le man

COST LIMIT (: \$130.00

ORDER DATE: November 21, 2019

ORDER TIME : 2:34 PM

ORDER NO. : 058781-005

CUSTOMER NO: 8095249

FOREIGN FILINGS

NAME: AREPIII BP INDUSTRIAL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

201911... / 21 F** 10: 30

COVER LETTER

	egistration Section ivision of Corporation	5					
SUBJECT	AREPIII BP Industr	ial, LLC					
SOBSECT	•	Name of Limited Liability Company					
The enclose Existence,	ed "Application by Fore and check are submitted	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	nsaet Business in Florida," company to transact busin	' Certificate ness in Flor	e of rida.
Please retu	m all correspondence c	oncerning this matter to the	following:				
	Brian Nath						
		N	ame of Person			•	
	c/o The Arden (Group, INc.					
		Fi	irm/Company			•	
	1600 Market St	reet, Suite 2600				_	
			Address				
	Philadelphia, P.	۸				_	
		City/S	tate and Zip Code				
	brian@vos-ip.com					2019	
		E-mail address: (to be use	d for future annual	report not	ification) -	2019 KO , 21 - 1110: 3	
For further	information concerning	g this matter, please call:				2	
В	rian Nath		215 at (735-131	13 x 189		•
	Name o	f Contact Person	Area Code	Day	time Telephone Number	Ö	
D R P.	ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	·		Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	3	
	s a check for the follow I \$125.00 Filing Fee	ing amount: \$\frac{1}{2}\$\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified 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:

(Name of Foreign	Limited Liability Company; must include "Limited	1 Liability Compan	y," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	ida, The alternate nam	se must include "Limited Lia	bility Company," "L.L.C," or "LLC.")
2. Delaware		3		
(Jurisdiction under the law of w	hich foreign limited hability company is organized)		(FEI num	ber, if applicable)
4. October 23, 2019				
	(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty liability)		
5. c/o The Arden Group,		6. Same a	s Principal Office	
(Street Address of 1	•		(Mailing Add	iress)
Philadelphia, PA 1910				
	(0.0	Nor	-1 - 3	
	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptat	ole)	
Name:		-		
Office Address:	1201 Hays Street			
	Tallahassec		, Florida <u>32301</u>	
Registered agent's accep	(City)		(Zip co	de)
designated in this applicate to comply with the provis	egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.	s registered ago	ent and agree to ac performance of my	t in this capacity. I further agree duties, and I am familiar with
designated in this applicate to comply with the provis	tion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.	s registered age and complete	ent and agree to ac performance of my Ri	r in this capacity. I further agree duties, and I am familiar with oxanne Turner t. Vice President
designated in this applicate to comply with the provise and accept the obligation	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's s	s registered ago and complete	ent and agree to ac performance of my Ri Ass	r in this capacity. I further agree duties, and I am familiar with oxanne Turner t. Vice President
designated in this applicate to comply with the provise and accept the obligation	tion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.	s registered ago and complete	ent and agree to acc performance of my Ri Ass y to manage is/are:	in this capacity. I further agree duties, and I am familiar with oxanne Turner t. Vice President Name and Address:
designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap	acity and address of the person(s) who ha	s registered age and complete signature)	ent and agree to acc performance of my Ri Ass y to manage is/are:	or in this capacity. I further agree duties, and I am familiar with oxanne Turner t. Vice President
designated in this applicate to comply with the provise and accept the obligation. 8. The name, title or cap Title or Capacity:	acity and address of the person(s) who ha Name and Address: Craig A. Spencer 1600 Market St, Suite 2600	s registered age and complete signature)	ent and agree to acc performance of my Ri Ass y to manage is/are:	in this capacity. I further agree duties, and I am familiar with oxanne Turner t. Vice President Name and Address:
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designated in this applicate to comply with the provise and accept the obligation. 8. The name, title or cap Title or Capacity: President CFO (Use attachments if necessity: grisdiction under the law of the translator must be seen 10. This document is executed to comply with the complete	acity and address of the person(s) who has Name and Address: Craig A. Spencer 1600 Market St, Suite 2600 Philadelphia, PA 19103 Joseph S. Caruso 1600 Market St, Suite 2600 Philadelphia, PA 19103 Ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificat submitted)	signature) as/have authorit Title or C duly authenticate is in a foreign as(1) (b), Floridaird degree felor	ent and agree to accept formance of my Ass Ty to manage is/are: Capacity: ated by the official had language, a translational assertion and assertion are acceptable.	nin this capacity. I further agree duties, and I am familiar with oxanne Turner t. Vice President Name and Address:

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "AREPIII BP INDUSTRIAL, 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-FIRST DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AREPIII BP INDUSTRIAL, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF OCTOBER,

A.D. 2019.

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

2019 NC (2.1 7 10: 3



Authentication: 204060272

Date: 11-21-19