

2/28/2020

M200002337

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000067880 3))



H200000678803ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383
From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

2020 FEB 28 PM 1:45

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

Email Address: _____

Foreign Limited Liability Company
CUBE IV SOUTHEAST TRS LLC

Table with 2 columns: Item, Value. Rows: Certificate of Status (0), Certified Copy (1), Page Count (04), Estimated Charge (\$155.00)

2020 FEB 28 PM 2:14

Electronic Filing Menu

Corporate Filing Menu

Help GLASS

MAR 02 2020

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:

1. CUBE IV SOUTHEAST TRS 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 Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)

3. applied for (FEI number, if applicable)

4. upon filing (Date first transacted business in Florida, if prior to registration. See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 5 Old Lancaster Road (Street Address of Principal Office) Malvern, PA 19355

6. (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324 (City) (Zip code)

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.

By: Margaret E. Routzahn (Registered agent's signature) Margaret E. Routzahn Assistant Vice President

2020 FEB 28 11:14:45


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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Jeffrey P. Foster</u>	<input type="checkbox"/> Manager	Name: <u>Christopher P. Marr</u>
<input type="checkbox"/> Member	Address: <u>5 Old Lancaster Road.</u>	<input type="checkbox"/> Member	Address: <u>5 Old Lancaster Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Malvern, PA 19355</u>	<input checked="" type="checkbox"/> Authorized	<u>Malvern, PA 19355</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Timothy M. Martin</u>	<input type="checkbox"/> Manager	Name: <u>Douglas Tyrell</u>
<input type="checkbox"/> Member	Address: <u>5 Old Lancaster Road</u>	<input type="checkbox"/> Member	Address: <u>5 Old Lancaster Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Malvern, PA 19355</u>	<input checked="" type="checkbox"/> Authorized	<u>Malvern, PA 19355</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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
 Jeffrey P. Foster, Authorized Person

 Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CUBE IV SOUTHEAST TRS 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-SEVENTH DAY OF FEBRUARY, A.D. 2020.

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

2020 FEB 28 PM 1:45



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

7871344 8300

SR# 20201640225

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

Authentication: 202475452

Date: 02-27-20