

2/22

Division of Corporations

M21000002140

Florida Department of State
Division of Corporations
Electronic Filing System

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.

((H21000073262 3))



H210000732623ABCX

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)288-3338
Fax Number : (954)288-0845

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
191 V Cube LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

21 FEB 22 14:10:04

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: B3DCC63C-1955-4003-8E0B-32771008D6DD

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. 191 V CUBE 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. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

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

6. 5 Old Lancaster Road (Mailing Address) Malvern, PA 19355

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

21 FEB 22 14:06:06

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: C T Corporation System (Registered agent's signature) [Signature]

DocuSign Envelope ID: B3DCC63C-1955-4003-8E0B-32771008D6DD


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: Christopher P. Marr	<input type="checkbox"/> Manager	Name: Timothy M. Martin
<input type="checkbox"/> Member	Address: 5 Old Lancaster Road	<input type="checkbox"/> Member	Address: 5 Old Lancaster Road
<input checked="" type="checkbox"/> Authorized	Malvern, PA 19355	<input checked="" type="checkbox"/> Authorized	Malvern, PA 19355
Person		Person	
<input type="checkbox"/> Other President	<input type="checkbox"/> Other	<input type="checkbox"/> Other Treasurer & VP	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Jeffrey P. Foster	<input type="checkbox"/> Manager	Name: Douglas Tyrell
<input type="checkbox"/> Member	Address: 5 Old Lancaster Road	<input type="checkbox"/> Member	Address: 5 Old Lancaster Road
<input checked="" type="checkbox"/> Authorized	Malvern, PA 19355	<input checked="" type="checkbox"/> Authorized	Malvern, PA 19355
Person		Person	
<input type="checkbox"/> Other Secretary & VP	<input type="checkbox"/> Other	<input type="checkbox"/> Other VP	<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.

DocuSigned by:

 29-0E-7-879 9478

 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 "191 V CUBE 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-SECOND DAY OF FEBRUARY, A.D. 2021.

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



5184896 8300

SR# 20210564904

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202563646

Date: 02-22-21