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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

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 V TRS LLC

Certificate of Status	Ü
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Corporate Filing Menu

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3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

CUBE V TRS LLC	amited Liability Company; must include "Lamited		I C "ac"II C")		
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, , ,	CT Corporation System Junua Junua	Sandra Zwijack - Assistant Secretary
Ву:	James (1, ()	
	(Replicated acous's sumature)	

From: Ranae McGraw

DocuSign Envelope ID. 82B594C9-D4EF-4A7F-B68F-9ECD7E6356EB

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:
Manager	Name: Christopher P. Marr	_ Manager	Name:
□Member	Address: 5 Old Lancaster Road	□Member	Address: 5 Old Laneaster Road
≅ Authorized	Malvern, PA 19355	■ Authorized	Malvein, PA 19355
Person		Person	
□Other	_	□Other	2 VP 2 Other 2
□Manager	Name:	_Manager	Douglas Tyrell
□ Meniber	Address: 5 Old Lancaster Road	_Member	Address: 5 Old Lancaster Road 1
■ Authorized	Malvern, PA 19355	☐ Authorized	Malvem, PA 19355 0
Person		Person	
Other	Other	□Other	
☐ Manager	Name:	∏Manager	Name:
□Member	Address:	_Member	Address:
∃Authorized		□ Authorized	
Person		Person	
	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 \$ 817,155, F.S.

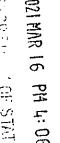
Locusianea by:		
9RF 0F 7F A 15F 342A	Signature of an authorized person	
Jeffrey P. Foster, Authori	zed Person	
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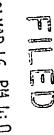
Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CUBE V 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 SIXTEENTH DAY OF MARCH, A.D. 2021.

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





5498120 8300 SR# 20210921295

Authentication: 202739873

Date: 03-16-21