


**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Document will be returned to the name and address entered below.			Foreign Registration Statement DSCB: 15-412 (7/1/2015) 		
Name Constitution Place					
325 Chestnut Street					
Suite 713A,					
Address					
Philadelphia	PA	19106			
City	State	Zip Code			

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$250

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. The type of association is (check only one):

- Business Corporation Limited Partnership Business Trust
 Nonprofit Corporation Limited Liability (General) Partnership Professional Association
 Limited Liability Company Limited Liability Limited Partnership

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

Latitude 360 Penn, LLC

2A. If the name in 2 does not contain a required designator **or** if the name in 2 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

A resolution of the governors adopting the name in 2A for use in registering to do business in this Commonwealth must be attached.

3. The jurisdiction of formation:

DE

4. The street and mailing address of the association's principal office.

National Registered Agents, Inc., 160 Greentree Dover DE 19904
Drive, Suite 101

Number and street

City

State

Zip

4B. The street and mailing address of the office, if any, required to be maintained by the law of the association's jurisdiction of formation in that jurisdiction:

National Registered Agents, Inc., 160 Greentree
Drive, Suite 101

Dover

DE

19904

Number and street

City

State

Zip

5. The (a) address of the association's registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

Complete part (a) OR (b) – not both:

(a)	1000 Frankford Avenue, Suite 102	Philadelphia	PA	19125	United States
	Number and street	City	State	Zip	County

OR

(b) c/o: _____
 Name of Commercial Registered Office Provider County

6. Check one of the following:

- The association may not have series.
- The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

- The Foreign Registration Statement shall be effective upon filing in the Department of State.
- The Foreign Registration Statement shall be effective on: _____ at _____
 Date (MM/DD/YYYY) Hour (if any)

8. To be completed by **Limited Liability Companies only**. Check, and if appropriate complete, one of the following:

- The association is a limited liability company which is not organized to render any of the below professional service(s).
- The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)

___ Chiropractic ___ Dentistry ___ Law ___ Medicine and surgery
 ___ Optometry ___ Osteopathic medicine and surgery ___ Podiatric medicine ___ Public accounting
 ___ Psychology ___ Veterinary medicine

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof this 28th day of October, 2015

 Latitude 360 Penn, LLC

 Name of Association
 Brent Brown

 Signature
 Member

 Title