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SEGMETARY OF STATE

SEP 2 9 2015 S. YOUNG CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 800566 4305026

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE: September 28, 2015

ORDER TIME : 3:59 PM

ORDER NO. : 800566-005

CUSTOMER NO: 4305026

FOREIGN FILINGS

NAME: TSLF DELRAY JV, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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:

	ALIAND IN THE SHIPLOF TONG	<i>w</i>		
1. TSLF DELRAY JV, L				
(Name of Fore	eign Limited Liability Company;	must include "Limited Li	iability Company," "L.L.	C.," or "LLC.")
(If name unavailable, enter a	Iternate name adopted for the purp	pose of transacting busine	ess in Florida. The altern	ate name must include "Limited
Delaware	224.)			
- :	of which foreign limited liability	3.	(FEI number, if app	licable)
4				
	(Date first transacted bus (See sections 605.0904 & 6	siness in Florida, if prior	to registration.)	
5. 500 S. Dixie Highway	•			
Hallandale, FL 33009				
	(Street Address	of Principal Office)	······································	
6. 30 Federal Street				ज्ञाल ज
Boston, MA 02110		· · · · · · · · · · · · · · · · · · ·		一歸 87
	(Mailir	ng Address)		一家最っ一
7 Name and street addres	ss of Florida registered agent:	P O Box NOT acces	ntah le)	路线 @ 四
, - 1 want and out out is during	Corporation Service Compa	·	Jul 10)	THE STATE OF
Name:	Corporation Service Compa			54 5
Office Address:	1201 Hays Street			電 記 33
	Tallahassee		Florida 32301	
	(City)		, Florida(Zip co	de)
this application, I hereby with the provisions of all s	gistered agent and to accept s accept the appointment as reg	gistered agent and agr and complete perform	ee to act in this capac	ration at the place designated in ity. I further agree to comply d I am familiar with and accept Courtney Williams
	(Reg	sistered agent's signature	()	Asst. Vice President
8. The name, title or capa TSLF Delray, LLC, Mem	acity and address of the person ber	(s) who has/have autho	ority to manage is/are:	
30 Federal Street				
Boston, MA 02110				
O. Attached is a certificate furisdiction under the law of the translator must be su	of which it is organized. (Inter- ubmitted)	certificate is in a fore	ign language, a transla	aving custody of records in the tion of the certificate under oath
	Signati	are of an authorized person	on	
This document is executed submitted in a document to	in accordance with section 60 the Department of State const	5.0203 (1) (b), Florida titutes a third degree fe	Statutes. I am aware t lony as provided for in	hat any false information s.817.155, F.S.

G. Douglas Lanois, Authorized Person

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TSLF DELRAY JV, 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-EIGHTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TSLF DELRAY JV, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2015.

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

15 SEP 28 MI IO 32
SEGRETARY OF STATE



Authentication: 10139095

Date: 09-28-15

5833471 8300 SR# 20150283603