Florida Department of State

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Foreign Limited Liability Company Courvoisier Centre JV, LLC

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COVER LETTER

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SUMBLE		Name o	f Limited Liability	Company		
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Please return	all correspondence	concerning this matter to the	o following:			
	Linda Smith		•			
	·	1	Name of Person		. , ,	
	Parkway Pro					
	Fim/Company					
	390 N. Orange Avenue Ste. 2400					
			Address			
	Orlando, FL	32801				
		City/	State and Zip Code			
	lemith@pky.co	m,				
	······································	E-mail address: (to be use	d for future annua	report no	tification)	
For further in	formation concerni	ng this matter, picase call:				
Linda Smith		407 at (581-29	905		
	Name	of Contact Person	Area Code	Day	ytime Telephone Number	
Divi Regi P.O.	ILING ADDRESS sion of Corporation istration Section Box 6327 shassee, PL 32314			Division Registrat Clifton B 2661 Exc	cutive Center Circle	
	check far the follow 125.00 Filing Pee		Calling Signature Signatur		© \$160,00 Filing Fee, Certificate of Status & Certified Copy	

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: Courvoisier Centre JV, 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.I.,C," or "LLC.") Delaware (Jurisdiction under the taw of which foreign limited liability (FEI number, if applicable) (Date first transacted business in Florids, if prior to registration.) (See sections 605,0904 & 605,0905, P.S. to determine penalty liability) 2400 Street Address of Principal Office) (Meiling Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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. C T Corporation System (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: James R. Heistand, President and CEO, 300 Ste. 2400, Orlando, FL 32801 David O'Reilly, Executive Vice President and CFO Jeremy R. Dorsett, Executive Vice President and General Counsel, 390 N. Oronae Avenue She. 2400, Orlando, FL 32801 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 runslation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Floride Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony to provided for in s.817.155, P.S. Jeremy R. Dorsett

Typed or printed name of signee

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COURVOISIER CENTRE 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 FOURTH DAY OF NOVEMBER, A.D. 2015.

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

SR# 20150782303

Authentication: 10363297

Date: 11-04-15

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