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3 MASON

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 077883 7483879

AUTHORIZATION : Tribale and Cost Limit : \$(125.00)

ORDER DATE : March 25, 2016

ORDER TIME : 3:32 PM

ORDER NO. : 077883-015

CUSTOMER NO: 7483879

FOREIGN FILINGS

NAME: A3 NORTH DEVELOPMENT, 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA

A3 North Development (Name of Fore	, LLC ign Limited Liability Company; mus	st include "Limited Lia	bility Company," "L.L.	C.," or "LLC.")	
If name unavailable, enter al	ternate name adopted for the purpose	e of transacting busine	ss in Florida. The altern	ate name must includ	e "Limited
iability Company," "L.L.C,"	or "LLC.")				2.1111111
Delaware		3. pending			
(Jurisdiction under the law- company is organized)	of which foreign limited liability		(FEI number, if app	licable)	
upon qualification					
	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to	o registration.)		
4000 Island Boulevard	·		o ponuncy nuonney)		
Aventura, FL 33160				3105	
4000 Island Boulevard,	(Street Address of F PH-2	Principal Office)		AN S	
Aventura, FL 33160				25 PSEE 25	Lichtagent.
	(Mailing A	Address)		 ₽ >	
. Name and street addres	s of Florida registered agent; (P.	O. Box NOT accep	table)		0
Name:	Corporation Service Company		<u>-</u>	ID: 49 STATE ORIDA	
Office Address:	1201 Hays Street				
	Tallahassee				
Registered agent's accep	(City)		(Zip co	de)	
his application, I hereby		tered agent and agre	ee to act in this capac ance of my duties, an	ity. I further agree	e to comply ith and accept iams
The name title or cans	acity and address of the person(s)				
r of CO Management, Inc.	• • • • • • • • • • • • • • • • • • • •	with heavilane attille	any to manage is are:		
1000 Island Boulevard, Pl					
Aventura, FL 33160					
		ertificate is in a fore	ign language, a transla		
ļ	Tall Feld				
	Pill Feld	of an authorized perso	on		
In accordance with section he facts stated herein are	n 605.0203, F.S., the execution of true. I am aware that any false in	of this document con	stitutes an affirmation	under the penalties Department of State	s of perjury the constitutes a

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Richard Feldman

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "A3 NORTH DEVELOPMENT, 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-FIFTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "A3 NORTH

DEVELOPMENT, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MARCH, A.D.

2016.

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

Authentication: 202044851

Date: 03-25-16

5994646 8300 SR# 20161881312