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Division of Corporations

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## Foreign Limited Liability Company Valencia Owner, L.L.C.

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## COVER LETTER

TO:	Registration Section Division of Corporati	on <b>s</b>				
SUBJE	Valencia Owner, I	L.C.	÷			
		Name o	f Limited Liability	Сопрану		
The encl Existence	losed "Application by Force, and check are submitted	oreign Limited Liability Con ted to register the above refe	npany for Authoriza erenced foreign limi	ation to Tr ted liabilit	ansact Business in Florida," y company to transact busin	Certificate of sess in Florida
Please n	eturn all correspondence	concerning this matter to th	e following:			
	Diane Richard	ison				
		1	Name of Person	<del></del>		1
	Rockpoint Gr	oup, L.L.C.				;
		1	Firm/Company			5
	3953 Maple A	venue, Suite 300				
	-		Address			12
	Dallas, Texas	75219				2 MII: 13
		City/	State and Zip Code			
	drichardson@re	ckpointgroup.com				ప
		E-mail address: (to be us	ed for future annua	report no	tification)	
For furth	er information concerni	ng this matter, please call:				
	Diane Richardson		972 at (	934-74	100	
	Name	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	i. S		Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section stillding ceutive Center Circle see, FL 32301	
	l is a check for the follow  \$125.00 Filing Fee	ving amount:  ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co	

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

COMPANY TO TRANSACT BU	JSINESS IN THE STATE OF FLOR	RIDA:	SUBMITTED TO REGISTER A FOREK	
1. (Name of Fore	Valencia eign Limited Liability Company;	owner L.L.	oility Company," "L.L.C.," or "I.L.C."	7
(If name unavailable, enter a Liability Company," "L.L.C,		rpose of transacting busines	s in Florida. The alternate name must	include "Limited
2. Delaware		1		
(Jurisdiction under the law company is organized)	of which foreign limited liability	<i>y</i>	(FEI number, if applicable)	
4	25			
	(See sections 605,0904 &	isiness in Florida, if prior to 605.0905, F.S. to determine	registration.) penalty liability)	
5. 3953 Maple Avenue, S	Suite 300			
Dalias, Texas 75219				16 HAY
	•	of Principal Office)		
6. 3953 Maple Avenue, S	uite 300			2
Dallas, Texas 75219				
······································	(Mail	ing Address)		
7. Name and street addres	s of Florida registered agent:	(P.O. Box NOT accept	able)	,
Name:	C T Corporation System		_	ひ
Office Address:	1200 South Pine Island Ro	aci	_	
	Plantation		Florida 33324	
	(City	)	(Zip code)	
designated in this applica to complywith the provision accept the obligations of t	gistered agent and to accept tion, I hereby accept the app ons of all statutes relative to my position as registered age C T Corporatio By:	ointment as registered a the proper and complete at. n System	e above stated limited liability con gent and agree to act in this capa performance of my duties, and i	icity. I further agree
	(Re	egistered agent's signature	•	
8. The name, title or capa	icity and address of the person	n(s) who has/harc author	ity to manage is/are:	
Ron J. Hoyl, Vice Preside	nt, 3953 Maple Avenue, Suit	o 300, Dallas, Texas 752	219	
y				
urisdiction under the law	of which it is organized. (If the	D days old, duly authentione certificate is in a foreign	nated by the official having custod	y of records in the crifficate under oath
of the translator must be su	ıbınitted)	al		
	Signo	ture of an authorized person	n	
This document is executed submitted in a document to	in accordance with section 6 the Department of State con-	05.0203 (1) (h), Florida s stitutes a third degree felo	Statutes. I am aware that any false ony as provided for in s.817.155, J	information F.S.
	Ron J. Hoyl			
	Tuned	or printed name of signes	The state of the s	

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "VALENCIA OWNER, L.L.C." 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 SECOND DAY OF MAY, A.D. 2016.

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

A MEN - 2 AMILE 13

5863568 8300

SR# 20162722171

Authentication: 202244210 Date: 05-02-16

You may verify this certificate online at corp.delaware.gov/authver.shtml