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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 278165 7652832

AUTHORIZATION : Spille Man

COST LIMIT : \$ 125.00

ORDER DATE: September 1, 2016

ORDER TIME : 9:29 AM

ORDER NO. : 278165-005

CUSTOMER NO: 7652832

FOREIGN FILINGS

NAME: CORAL SPRINGS POC, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

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:

| 1. Coral Springs POC, LL | | | | |
|---|--|--|-----------------------------------|--------------------------------|
| (Name of Fore | rign Limited Liability Company: must inc | lude "Limited Liability Company," "L.L.C. | .," or "LLC.") | |
| (If name unavailable, enter a Liability Company," "L.L.C. | | ransacting business in Florida. The alternal | e name must incl | ude "Limited |
| 2. Delaware | 5 | 3. | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | 6. (FEI number, if applic | rable) | |
| N/A | | | | |
| 4 | (Date first transacted business in (Sec sections 605,0904 & 605,0905 | Florida, if prior to registration.) F.S. to determine penalty liability) | | |
| 5. 1140 Avenue of the Ar | nericas, 7th Floor | | Svo - | |
| New York, NY 10036 | | | | න අ |
| 1010,111 10000 | (Street Address of Princi | pal Office) | | 7 |
| 6 1140 Avenue of the Au | | , | | 1 |
| V | | | <u></u> 4- ≈c. : | - 9 Zi. |
| New York, NY 10036 | (Mailing Addre | age) | | |
| | (Maning Addic | .53) | STAT | |
| 7. Name and street addres | s of Florida registered agent: (P.O. B | ox NOT acceptable) | | |
| Name: | Corporation Service Company | | ,- | |
| Office Address: | 1201 Hays Street | - | | |
| | Tallahassee | Florida 32301 | | |
| | (City) | (Zip code | | |
| Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited designated in this application. I hereby accept the appointment as registered agent and agree to act to complywith the provisions of all statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent. Corporation Service Company By: | | in this capacity. I further agree | | |
| | (Registered a | igent's signature) | - | |
| 8. The name, title or capa | city and address of the person(s) who | has/have authority to manage is/are: | | |
| Waterfall Asset Managem | | | | |
| 1140 Avenue of the Amer | icas , 7th Floor | | | |
| New York, NY 10036 | | | | |
| 9. Attached is a certificate jurisdiction under the law of the translator must be su | of which it is organized. (If the certific bmitted) | d, duly authenticated by the official have ate is in a foreign language, a translation | ing custody of on of the certific | records in the cate under oath |
| | in accordance with section 605.0203 | (1) (b), Florida Statutes. I am aware tha third degree felony as provided for in s. | | mation |
| Satisfied in a document to | Typed or printed | Capalite AS AUTI | HORIZED PE | RSON OF |

WATERFALL ASSET MANAGEMENT, LLC, MANAGER

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "CORAL SPRINGS POC, 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 FIRST DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORAL SPRINGS"

POC, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2016.

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

Authentication: 202925913

Date: 09-01-16

Page 1

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