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SECRETARY OF STATE

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August 7, 2017

AILI DESPAIN 3051 WEST MAPLE LOOP DRIVE, SUITE 325 LEHI, UT 84043 US

SUBJECT: 1743 PARK CENTER LLC

Ref. Number: W17000064245

We have received your document for 1743 PARK CENTER LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 017A00015928

COVER LETTER

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TO:		ation Section ' n of Corporation	s				
SUBJ		3 Park Center LL					
3010			Name of L	imited Liability C	ompany		
The en	nclosed "A nce, and cl	pplication by For neck are submitted	eign Limited Liability Compa d to register the above referer	any for Authorizat aced foreign limite	ion to Tran ed liability	sact Business in Florida," Certificate company to transact business in Flori	of da.
Please	return all	correspondence c	oncerning this matter to the f	ollowing:			
		Aili DeSpain					
			Na	me of Person			
		Hansen Black A	Anderson Ashcraft PLLC				
	Firm/Company						
		3051 West Mar	ole Loop Drive Suite 325				
	Address						
		Lehi, Utah 840	43				
			City/St	ate and Zip Code			
		adespain@hbaala					of da.
			E-mail address: (to be used	for future annual	report noti	fication)	
For fi	arther infor	mation concernin	g this matter, please call:				
	Aili De	Spain		801 at (922-501	3	
		Name o	of Contact Person	Area Code	Dayı	time Telephone Number	
	Divisio Registr P.O. B	ING ADDRESS: on of Corporation ration Section ox 6327 assee, FL 32314	5		Division of Registrati Clifton Bi 2661 Exc	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclo		ieck for the follow 5.00 Filing Fee	ving amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

BU CONTRULANCE HITTU SECTION 635 0000, EL OPIDA STATI (TES. THE FOIL OWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED L'ABILITY

(Urane convolibite, case absences name adopted for the purpose of treatmenting butters in Florida. The absence is must include "Limited Liability Company," "LL C," or "LL C," o		Limited Liability Company; must include "Limited	Liability Cor	npany," "L.L.C.," or "LLC.")		
2. UTAH (Date from measured business in Proced. If prior to registered.) (Stee Redictions of Process of 1990 & 8 60 1995, 1.3. to determine postally islability) 5. 303 East Wacker Drive Ste 1040 (Stee Rediction of Process of Pr		Control of the state of the sta	ide The alternat	a name must include "I imited I ish	ility Company " "L. I. C " or "LLC."	ን
(Duracturou under the law of which foreign limited liability company is organized) (Chicago, IL of the first presistence discounts of 50,000 A 603,0003, F.S. to determine penalty liability) (See ectables of 50,0004 A 603,0003, F.S. to determine penalty liability) (See ectables of 51040 6. 303 East Wacker Drive Ste 1040 (Chicago, IL 60601 Chicago, IL 60601 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Universal Registered Agents Inc. Office Address: 3458 Lakeshore Drive Tallahassee (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 plat designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further age 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. (Registered agent and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Tonaquint, Inc., MGR 303 East Wacker Drive Suite 1040 Chicago, IL 60601 (Use attachments if necessary) 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 translation of the certificate under ons of the translation must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information		are scopted for the purpose of transacting business in rior			iniy company, sience, or meet	
5. 303 East Wacker Drive Ste 1040 (Street Address of Phicipal Office) (Chicago, IL 60601 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Universal Registered Agents Inc. Office Address: 1458 Lakeshore Drive Tallahassee (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 age 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. (Reginered agent's inputer) Char Jackson, Assistant Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address:	2. U I AH (Jurisdiction under the law of w	sich foreign limited liability company is organized)	3. 02	(FEI numb	er, if applicable)	
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10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Title or Capacity: Tonaquint, Inc., MGi	Name and Address: R 303 East Wacker Drive Suite 1040 Chicago, IL 6060)		or Capacity:		
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Typed or printed name of signee

Jonathan K. Hansen, Organizer



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

07/26/2017 10445366-016007262017-761146

CERTIFICATE OF EXISTENCE

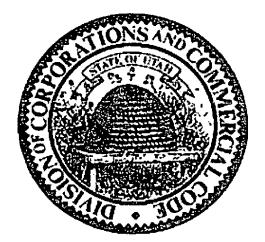
Registration Number: 10445366-0160

Business Name: 1743 PARK CENTER LLC

Registered Date: July 10, 2017
Entity Type: LLC - Domestic
Current Status: Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.

Harry Berg



Kathy Berg Director

Division of Corporations and Commercial Code

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