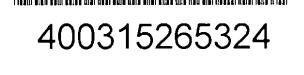
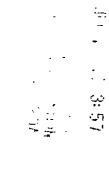
M 18000006439

(F	Requestor's Name)				
	Address)				
(F	Address)				
(0	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
(E	Business Entity Name)	_			
(0	Document Number)				
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only

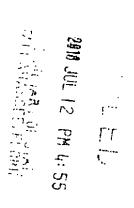


07/13/18--01002--004 **1760.00



B FIGUEROA.

JUL 13 2018



CORPORATE When you need ACCESS to the world

ACCESS, INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN						
		PICK UP: 7/12/18				
	X	CERTIFIED COPY	-			
		РНОТОСОРУ	-			
	Ø	cus Good Standing	_			
	X	cus Good Standing Foreign	_			
1.		REWEST PALM BEACH, LLC (CORPORATE NAME AND DOCUMENT #)				
		(CORPORATE NAME AND DOCUMENT #)				
2.		(CORPORATE NAME AND DOCUMENT #)				
3.						
	(CORPORATE NAME AND DOCUMENT #)					
4.		(CORPORATE NAME AND DOCUMENT #)				
		(CONTONATE NAME AND DOCUMENT ")				
5.		(CORPORATE NAME AND DOCUMENT #)				
6.						
		(CORPORATE NAME AND DOCUMENT #)				
	CIA TRU	L CTIONS:				

COVER LETTER

TO:	Registration Section Division of Corporations					
	RE WEST PALM BEACH, LLC					
SUBJ	ECT: Name of L	imited Liability Co	mpany			
The er Existe	nclosed "Application by Foreign Limited Liability Companies, and check are submitted to register the above referen	any for Authorization need foreign limited	on to Transact Business in Florida," Certificate of Hiability company to transact business in Florida.			
Please	e return all correspondence concerning this matter to the I	following:				
	Jonathan Stern					
	Na	ime of Person				
	c/o Fundamental Partners III LP					
	Fir	rm/Company				
	745 5th Avenue, 25th Floor					
		Address				
	New York, NY 10151					
	City/St	ate and Zip Code				
	jstern@fundamental.com					
	E-mail address: (to be used	for future annual i	eport notification)			
For fu	urther information concerning this matter, please call:					
Jonathan Stern		212 at (205-5006			
	Name of Contact Person	Area Code	Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclo	osed is a check for the following amount: \$\Boxed{\text{S} \text{ \$125.00 Filing Fee}} \Boxed{\text{ \$\Boxed{\text{S}} \text{ \$130.00 Filing Fee} & Certificate of Status}	□ \$155.00 Filing Certified Copy	Fee & ■ \$160.00 Filing Fee, Cert.ficate of Status & Certified Copy			

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

IN COMPLIANCE WITH SELTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

RE WEST PALM BEA	Imited Liability Company; must include "Lir	mited Liability Company, "L.L.C.," or "L.L.C.,")			
If cause unavailable, enter alternate ra	une adopted for the purpose of transacting business in	n Florida. The alternate name must include "Limited Lin	ability Company," "L.L.C," or "LLC."			
DELAWARE		3(FEI max	iber, if applicable)			
(Jurisdiction under the law of wh	nch foreign lumited hability company is organized)	(FE) THE	incs, is approximately			
4. N/A						
·	(Date first transacted business in Florida, if pric (See sections 605,0904 & 605,0905, F.S. to de	in to registration.) mermine penalty hability)				
5. c/o Fundamental Partne	ers III LP	6. c/o Fundamental Partners	III LP			
(Street Address of P	rescipal Office)	745 5th Avenue, 25th Floor				
745 5th Avenue, 25th I	loor	New York, NY 10151				
New York, NY 10151		New York, 141 Total				
7. Name and street addres	ss of Florida registered agent: (P.O. l	Box NOT acceptable)				
Name:	Telos Legal Corp.					
Office Address:	155 Office Plaza Drive					
Office Address.	77.11	DI 1 32301				
	Tallahassee (City)	, Florida 32301 (Zip oc	ode)			
	s of my position as registered agent. (Registered ag	Sidinal Company				
		healthaus authority to manage is/are:				
8. The name, title or cap: Title or Capacity:	acity and address of the person(s) when Name and Address:	no has/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:			
Sole Member	FC-THC LEASING III, L	LC				
	745 5th Avenue, 25th Flo	xor				
	New York, NY 10151					
		······				
(Use attachments if neces	sary)		<u> </u>			
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the certi-	old, duly authenticated by the official inficate is in a foreign language, a transl	having custody of records in the ation of the certificate under oath			
10. This document is exec	cuted in accordance with section 605.	.0203 (1) (b), Florida Statutes. I am aw s a third degree felony as provided for i	are that any false information n s.817.155, F.S.			
	Brian Flavell					
	Ty	yped or printed name of signee				

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RE WEST PALM BEACH, 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 THIRD DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RE WEST PALM BEACH, LLC" WAS FORMED ON THE EIGHTH DAY OF JUNE, A.D. 2018.

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

Authentication: 203006288

Date: 07-03-18