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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRACRIC (ORLANDO)

Account Number: 103/31001374 Phone: 1(407)418-2435 Fax Number: (407)420-5909

\*\*Enter the small address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bgerber@relatedgroup.com

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VISION OF CORPORATIONS
BUREAU OF CONMERCIAL
INFORMATION SERVICES

## Foreign Limited Liability Company 9SMA West, L.L.C.

Certificate of Status	1
Certified Copy	
Page Count	03
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MILLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

OF FLORIDA	•
1. Name of Poreign Limited Liability Company:	
98MA WEST, L.L.	<u>C.</u>
. Jurisdiction of its organization: Delaware .	
. I'El Number: Applied for	
. Date first transacted business in Florida: Upon quati	fication
i. Street Address of Principal Office:	
co The Corporation Trust Company	
1209 Orange Street	
Wilmington, DE 19801	
i. Mailing Address:	
3953 Maple Avenue, Suite 300	
•	
Dallas, Toxas 75219	# <del>                                     </del>
7. The name, title or capacity and address of the person w  MBR 9SMA Holdings, L.I.C.  g/o 9SMA, L.L.C.  3953 Maple Avenue, Suite 300  Dallas, TX 75219	
The state of the s	e de la reconstruir de la construir de la cons
<ol> <li>Attached is an original certificate of existence, no mo- by the official having custody of records in the juri organized.</li> </ol>	
By: The Buly Signature of an authorized p	TASE OF TAKEN
Ben Gerber  Authorized Representative on behalf o Typed or printed name of s	C9SMA West_LLC
	77 S
	31 J

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## CERTIFICATE OF DESIGNATION OF

## REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 OR 605.0902(I)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

98MA West, L.I.C.

2. The name and the Florida street address of the registered agent and office are;

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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 certificate, I hereby accept the appointment as registered agent and agree to uct in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

CT CORPORATION SYSTEM

Name: 51

sharon K. Grou

FILED SEP -2 PN 2-52 ECRETAÇÃE - STÂTE BORNAS - STÂTE

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The First State

I, JEFFREY N. BULLOCK, SETHETARY OF STATE OF THE STATE OF DELANARE, DO HERESY CERTIFY "9SMA REST, L.L.C." IS DULY FORMED UNDER THE LANS OF THE STATE OF DELARARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THENTY-RIGHTH DAY OF AUGUST, A.D. 2014.

AND I DO HERSBY SURTHER CENTIFY THAT THE CAID "SUMA WEST, L.L.C." WAS FORMED ON THE SEVENTH DAY OF AUGUST, A.U. 2014.

AND I DO REREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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nate: 08-28-14

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