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| Special Instructions to Fil | ing Officer: | |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 5075AT / 437587

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: November 29, 2018

ORDER TIME : 2:47 PM

ORDER NO. : 507541-005

CUSTOMER NO: 4375876

DODDION PTT TNO

FOREIGN FILINGS

NAME: ARROWROCK III METROPOINTE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign | Limited Liability Company, must include "Limit | ed Liability C | ompany," "L. L. C.," or "L.L.C.") | |
|---|---|--|---------------------------------------|--|
| (Il name unavailable, enter alternate o | ume adopted for the purpose of transacting business in Fr | orida. The atterr | nate name must include "Limited Liabi | ulity Compans," "L. L.C," or "LLC.") |
| DELAWARE | | 3 | (FEI numbe | |
| (Jurisdiction under the law of w | hich foreign limited hability company is organized) | | (FEI numbe | r, if applicable) |
| 4 | (Date first transacted business in Florida, if jirior to (See sections 605 0904 & 605 0905, F.S. to detern | remairatum i | | |
| | | | | |
| | | 01 South Hanley Road, Su (Mailing Addre | | |
| (Street Address of I | Principal Other) | | (Mailing Addre | (15) 5534 1554 |
| St. Louis, MO 63105 | | St | t. Louis, MO 63105 | |
| | | | | 2 |
| | | | | <u> </u> |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Bo: | c <u>NOT</u> acc | ceptable) | ار المنظم ال المنظم المنظم المنظ |
| | | | | |
| Name: | Corporation Service Company | | | 7. |
| Office Address: | 1201 Hays Street | | | |
| | Tallahassee, FL | | 32301 . Florida | |
| | (City) | | , FIOTIGA(Zip code) |) |

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 agree 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.

April Miller, Asst.Secretary

| Title or Capacity: | ldress of the person(s) who has/have authority to manage is/are: Name and Address: | |
|--|---|--|
| Manager | L. Mark Billeaud | |
| | 101 South Hanley Road, Suite 1400 | |
| | St. Louis, MO 63105 | _ |
| Manager | John S. Ross, Jr. | |
| | 101 South Hanley Road, Suite 1400 | _ |
| | St. Louis, MO 63105 | |
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| (Use attachments if necessary) | | |
| 9. Attached is a certificate of existence jurisdiction under the law of which it is of the translator must be submitted) | s, no more than 90 days old, duly authenticated by the official having custody s organized. (If the certificate is in a foreign language, a translation of the ce | of records in the rtificate under oath |
| 10. This document is executed in according submitted in a document to the Departs | rdance with section 605.0203 (1) (b), Florida Statutes, I am aware that any fal nent of State constitutes a third degree felony as provided for in 8.817.155, F. | lse information |
| \bigcirc c | 7 | |
| | Signature of an authorized person | |
| John C. Bo | dnar | |

Typed or printed name of signer

Delaware The First State

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

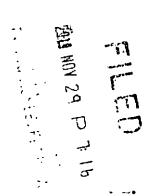
DELAWARE, DO HEREBY CERTIFY "ARROWROCK III METROPOINTE, LLC" IS

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 TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2018.

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





7091543 8300 SR# 20187842222

Authentication: 203978164

Date: 11-28-18