2/22/2017

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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FLORIDA/FOREIGN LP/LLLP RREF III-P DORAL OUTPARCEL, LP

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APPLICATION BY POREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

| (Name of Limited Partnership or Limited Liabi Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes: | oility Limited Partnership, which must include suffix) ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP. |
|--|---|
| If name unavailable, name under which the limited partner business in Florid | ership or limited liability limited partnership proposes to register to transact ida; must contain acceptable suffix. |
| , Delaware | _{3.} 7/29/16 |
| State or Country of Formation | Date of Formation |
| 4. Federal Employer Identification Number: | |
| 5. Name of Registered Agent for Service of Process and | l Florida Street Address: |
| CT Corporation System | |
| 1200 South Pine Island Road | |
| Plantation, FL 33324 | |
| 7. Principal Office: 790 NW 107th Avenue, 4th Floor | Madonna Cuddiny ure of Registered Agent Special Assistant Secretary 8. Mailing Address: 790 NW 107th Avenue, 4th Floor |
| Miami, FL 33172 | Miami, FL 33172 |
| 9. If limited partnership is a limited liability limited par 10. Name, principal office address, and mailing address Name of General Partner: Dorel Corporate Center Subsidiary Street Address: 790 NW 107th Avenue, 4th Miami, FL 33172 Mailing Address: 790 NW 107th Avenue, 4th Miami, FL 33172 Name of General Partner: | rtnership, check box. s of each general partner: y GP, LLC Name of General Partner: The Floor Street Address: The Floor Mailing Address: Name of General Partner: |
| Street Address: Mailing Address: | Street Address: Mailing Address: |

| | Page 1 of 2 |
|--|--|
| Name of General Partner; | Name of General Partner: |
| Street Address: | Street Address; |
| Mailing Address: | Mailing Address: |
| 11. Effective date, if other than the date o | f filing: |
| | y authenticated, not more than 90 days prior to the delivery of this application to the y of State or other official having custody of the entity's records in the jurisdiction under |
| Signed this 24th day of Dora | January 1 Corporate Center Subsidiary CP, LLC, general partne |
| By: The individual signing this document affirm | Signature of a general partner Marshall Van Smith, Vice President that the facts stated heroin are true and the individual is aware that false information of State constitutes a third degree felony as provided for in s.817.155, F.S. |
| Filing Fees: Certified Copy (optional Certificate of Status (opt | |

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RREF III-P DORAL OUTPARCEL, LP" 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-SECOND DAY OF FEBRUARY, A.D. 2017.

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

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

Authentication: 202076064

Date: 02-22-17