Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (850)222-1092 Phone Fax Number : (850) 978-5368

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Community Partners US Management GP Inc.

| | _ |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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COVER LETTER

| TO: New Filing Sect Division of Cor | | | |
|---|---|--|--------------------|
| • | • | . | • |
| SUBJECT: Communit | ty Partners US Management G | | |
| | Name of corpora | tion - must include suffix | |
| Dear Sir or Madam: | | | |
| "Certificate of Existence | | for Authorization to Transa Standing" and check are sub siness in Florida. | |
| Please return all corresp | ondence concerning this ma | atter to the following: | |
| Michael Bellman | | | |
| | Name | of Person | |
| Community Partners US N | lanogement GP Inc. | | |
| | Firm/C | Company | |
| 162 Cumberland Street, Se | ulte 300 | | |
| | A | ddress | |
| Toronto, Ontario MSR 3N | 5 | | |
| | City/Sta | te and Zip code | |
| mbellman@revest.com | | | |
| | E-mail address: (to be us | ed for future annual report n | otification) |
| For further information | concerning this matter, ples | se call: | |
| Courtney L. Scanlon | at (⁷¹⁶ | 848-1538 | |
| Name of Person | | ea Code & Daytime Telepho | one Number |
| | | | |
| STREET/COUNTY New Filing Section of Corporation Building 2661 Executive Tailahnssee, FL | oorations : Center Circle | MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, Fl | rion rporations |
| Enclosed is a check for t | he following amount: | | |
| ☐ \$70.00 Filing Fee | S78.75 Filing Fee & Certificate of Status | S \$78.75 Filing Fee & Certified Copy | Certified Copy |

14 FEB 12 M 9: 14

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| | iners US Management GP Inc. | |
|---|--|---|
| (Enter name of or "Inc.," "Co.," "Co. | orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.") | ," "COMPANY," "CORPORATION," |
| (If name unavaila | able in Florida, enter alternate corporate nam | e adopted for the purpose of transacting business in Florida) |
| 2. Delaware | 3 | i. |
| (State or country | under the law of which it is incorporated) | (FEI number, if applicable) |
| 4. 02/10/2014 | | perpetual |
| (Date | of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") |
| 6. N/A | | |
| | | In Florida, if prior to registration) 1502, F.S., to determine penalty liability) |
| 7. 162 Cumberland | Street, Suite 300, Toronto, Ontario M5R 3N | 5 |
| | (Principal office ad | dress) |
| 162 Cumberland | Street, Suite 300, Toronto, Ontario M5R 3N | 5 |
| | (Current mailing ad | dress) |
| 8. To Act as a Gen | eral Partner for a Limited Partnership | |
| (Purpose(s | of corporation authorized in home state or | country to be carried out in state of Florida) |
| 9. Name and street | t address of Florida registered agent: (P | O. Box NOT acceptable) |
| Name: | C T Corporation System | |
| Office Address: | 1200 South Pine Island Road | |
| | Plantation | , Florida, Florida |
| | (City) | (Zip code) |
| Having been nam designated in this further agree to c | application, I hereby accept the appoint | vice of process for the above stated corporation at the place unent as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my of my position as registered agent. |
| | C T Corporation System | Connie Bryan |
| Ву: | Consid Brown | Opplishant Correlative |
| - <u> </u> | Central Rycer (Registered agent's | aignature) Assistant Secretary |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| 12. Names and bosiness addresses of officers and/or directors: |
|---|
| A. DIRECTORS |
| Chairman: |
| Address: |
| |
| Vice Chairman: |
| Address: |
| |
| Director: Greg Coleman |
| Address: 162 Comberland Street, Suite 300, Toronto, Ontario MSR 3N5 |
| |
| Director: Michael Bellman |
| Address: 162 Cumberland Street, Suite 300, Toronto, Ontario M5R 3N5 |
| |
| B. OFFICERS |
| President: Greg Coleman |
| Address: 162 Cumberland Street, Suita 300, Toronto, Omario MSR 3N5 |
| |
| Vice President: |
| Address: |
| Admess. |
| Secretary: Howard Steinberg |
| Address: 162 Cumberland Street, Suite 300, Toronto, Ontario M5R 3N5 |
| Treasurer: Michael Bellman |
| Address: 162 Cumberland Street, Suize 300, Toronto, Outario M5R 3N5 |
| NOTE: If necessary, you may attach an addendura to the application tisting additional officers and/or directors. |
| $1/(5/1) \times 5/(5)$ |
| 13Signature of Director or Officer |
| The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. |
| 14. Michael Bellman, Treasurer |
| (Typed or printed name and capacity of person signing application) |

Additional Director Information for Community Partners US Management GP Inc.

Director: Howard Steinberg

162 Cumberland Street, Suite 300, Toronto, Ontario M5R 3N5

Delaware

23/2F 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "COMMUNITY PARTNERS US MANAGEMENT GP
INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE
EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE
TWELFTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5479617 8300

140165190

You may verify this certificate online at corp. dolaware.gov/authwor.shtml

peffrey W. Bullock, Secretary of State
AUTHENTY CATION: 1128605

DATE: 02-12-14