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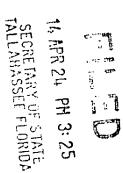
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Special Instructions to Filing Officer:				

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APR 23 2014 J. BRYAN

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Deerpark GP SPE, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerni	ing this matter to the following:
Jason Howard	
	Name of Person
Carlton Fields Jorden Bu	urt, P.A.
	Firm/Company
1201 West Peachtree St	t, NW, Suite 3000
	Address
Atlanta, GA 30309	
	City/State and Zip code
jhoward@cfjblaw.com	
E-mail address	: (to be used for future annual report notification)
For further information concerning this m	natter, please call:
Jason Howard	at (404) 815-2720
Name of Person	Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

₹ \$70.00 Filing Fee	☐ \$78.75 Filing Fce &	☐ \$78.75 Filing Fee &	☐ \$87.50 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
			Certified Copy

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.

, Deerpar	k GP SPE, Inc.	
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"
Deerpar	k GP SPE (Elkton), Inc.	
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
_{2.} Delawar	e ,	46-5100074
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. March 7,	2014	Perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6		
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
, 1401 Pea	chtree Street, Suite 400, A	-
<u> </u>	(Principal office add	
1401 Pead	chtree Street, Suite 400, Atl	anta, GA 30309
	(Current mailing add	reas)
8. General i	Real Estate Investments	
(Purpose(s)	of corporation authorized in home state or co	untry to be carried out in state of Florida)
9. Name and stree	t address of Florida registered agent: (P.C). Box NOT acceptable)
Name:	CT Corporation System	
Office Address:	1200 South Pine Island Ro	ad
	Plantation	. Florida 33324
	(City)	(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Nathan S. Giffin Asst. Secretary

(Registered agent's signature)

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 business addresses of officers and/or directors:	
A. DIRECTORS	ASCO TOPO TO
Chairman: A. Boyd Simpson	THE PORT OF THE PROPERTY OF TH
Address: 1401 Peachtree Street, Suite 400	3,0,0,0
Atlanta, GA 30309	20 To
Vice Chairman:	10°
Address:	
Director:	
Address:	
Director:	
Addross:	
B. OFFICERS President: A. Boyd Simpson	,
Address: 1401 Peachtree Street, Suite 400	
Atlanta, GA 30309	
Vice President:	<u> </u>
Address:	
Secretary: Melody Mann-Simpson	
Address: 1401 Peachtree Street, Suite 400, Atlanta, GA 30309	
Treasurer:	
Address:	·····
NOTE: If necessary, fou may attach an addendum to the application listing additional office	rs and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms tare true and that he or she is aware that false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S.	
14. A. Boyd Simpson , President	
(Typed or printed name and capacity of person signing application)	

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEERPARK GP SPE, 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 TWENTY-SECOND DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEERPARK GP SPE, INC." WAS INCORPORATED ON THE SEVENTH DAY OF MARCH, A.D. 2014.

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

5495142 8300

140502408

DATE: 04-22-14

y verify this certificate online

Jeffrey W. Bullock, Secretary of State
AUTHENTY CATION: 1310799