

F17000001804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

4/20/17

ACCT. 120160000072

en: c SW

| | | | |
|-------------|-------------------------------|-----|--|
| Name: | SCRETT Tower Maitland GP Corp | | |
| Document #: | | | |
| Order #: | 1045746 | 2/6 | |

| | | | | |
|--------------------------------------|--|--|-------------------------|--|
| Certified Copy of Arts & Amend: | | | | |
| Plain Copy: | | | | |
| Certificate of Good Standing: | | | | |
| Apostille/Notarial Certification: | | | Country of Destination: | |
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Amount: \$ 87.50

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SCRE II Tower Maitland GP Corp.

SUBJECT: _____
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 concerning this matter to the following:
Cori Hansen

| | |
|---|--|
| _____ | Name of Person |
| Second City Real Estate II, Limited Partnership | |
| _____ | Firm/Company |
| 1075 West Georgia Street, Suite 2600 | |
| _____ | Address |
| Vancouver, BC V6E 3C9 | |
| _____ | City/State and Zip code |
| chansen@secondecityrealestate.com | |
| _____ | E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

| | | |
|----------------|------------|--------------------------|
| Cori Hansen | 604 | 806-3567 |
| _____ | at (_____) | _____ |
| Name of Person | Area Code | Daytime Telephone Number |

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |
|---|--|---|---|

**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.*

SCRE II Tower Maitland GP Corp.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Delaware 81-5297930

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

3/2/2017
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty
liability) 1075 West Georgia Street, Suite 2600, Vancouver, BC, V6E3C9

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

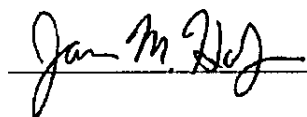
Office Address: 1200 South Pine Island Road

Plantation 33324
_____, Florida _____
(City) (Zip code)

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9. 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.



James M. Halpin
Assistant Secretary

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Samuel Belzberg
1075 W. Georgia Street, Suite 2600, Vancouver, BC, V6E3C9
Address: _____

Vice Chairman: James Farrar
1075 W. Georgia Street, Suite 2600, Vancouver, BC, V6E3C9
Address: _____

Director: Greg Tylee
1075 W. Georgia Street, Suite 2600, Vancouver, BC, V6E3C9
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Samuel Belzberg
1075 W. Georgia Street, Suite 2600, Vancouver, BC, V6E3C9
Address: _____

Vice President: James Farrar
1075 W. Georgia Street, Suite 2600, Vancouver, BC, V6E3C9
Address: _____

Secretary: James Farrar
1075 W. Georgia Street, Suite 2600, Vancouver, BC, V6E3C9
Address: _____

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. James Farrar, Vice President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCRE II TOWER MAITLAND GP CORP." 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 TWENTIETH DAY OF APRIL, A.D. 2017.

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

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TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

6304719 8300

SR# 20172663610

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

Authentication: 202406562

Date: 04-20-17