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CORPORATE ACCESS, _____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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COVER LETTER

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| 3 C D | | Name | of corporation | on - | must include suffix | |
| Dear S | Sir or Madam: | | | | | |
| "Certi | ficate of Existence | e," or "Certificat | e of Good St | and | ing" and check are sub | |
| Please | return all corres | oondence concer | ame of corporation - must include suffix gn Corporation for Authorization to Transact Business in Florida, " ficate of Good Standing" and check are submitted to register the into transact business in Florida. Incerning this matter to the following: Name of Person Firm/Company Address City/State and Zip code Iddress: (to be used for future annual report notification) his matter, please call: 888 705-7274 at (| | | |
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| Regist | ered Agent Solutio | ns, Inc. | | | | |
| | | | Firm/Co | mp | any | |
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| Austin | , TX 78744 | Firm/Company aite 300 Address City/State and Zip code E-mail address: (to be used for future annual report notification) n concerning this matter, please call: at (| | | | |
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| Kate V | Vood | | | | 705-7274 | |
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| | Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL | ction porations g Center Circle 32301 | | | Registration Se Division of Co P.O. Box 6327 | ection rporations |
| | ed is a check for 0.00 Filing Fee | the following am \$78.75 Filir Certificate | ig Fcc & | | \$78.75 Filing Fee & Certified Copy | ☐ \$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.

| If name unavails | able in Florida, enter alternate corporate name a | dopted for the purpose of transacting bu | siness in Florida) |
|--------------------------------|---|---|--|
| daryland | 3. | 33-0841255 | |
| (State or countr 5/1/2010 | y under the law of which it is incorporated) 5. | (FEI number, if applies Perpetual | able) |
| (Date | of incorporation) | (Date of duration, if other than | perpetual) |
| _ | , | al office address) g address, if different) | |
| lame and <u>stree</u> Name: | t address of Florida registered agent: (P.O. Registered Agent Solutions, Inc. | . Box <u>NOT</u> acceptable) | AX S |
| | 155 Office Plaza Drive, Suite A | | 0 × 0 |
| re Address: | | 32301 | 7.3 35.5 35.5 35.5 35.5 35.5 35.5 35.5 3 |
| ee Address: | Tallahassee | Florida | |
| ve Address: | Tallahassee (City) | , Florida (Zip code) | |

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: Kenneth Elsberry Director: 1282 Pacific Oaks Place Address: Escondido, CA 92029 Jack K. Heilbron Director: 1282 Pacific Oaks Place Address: Escondido, CA 92029 **B. OFFICERS** Jack K. Heilbron CEO/ President: 1282 Pacific Oaks Place Address: Escondido, CA 92029 Vice President: __ Address: _ Kathryn Richman Secretary: 1282 Pacific Oaks Place, Escondido, CA, 92029 Address: Kenneth Elsberry Treasurer: 1282 Pacific Oaks Place, Escondido, CA, 92029 Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. KELLED > RICKINIO 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. KHITHCHIT RICHITITE Securitary

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

STATE OF MARYLAND Department of Assessments and Taxation

I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PRESIDIO PROPERTY TRUST, INC. (D13593520), INCORPORATED JUNE 01, 2010, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 25, 2017.

Michael L. Higgs

Director



301 West Presson Street, Baltimore, Maryland 21201 Telephone Balto, Metro (410) 767-1340 / Outside Balto, Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice