Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : NRAI SERVICES, LLC

Account Number : 120080000104

; (302)674~4089

Fax Number

: (302)674-5266

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| Lilla                 | ı | 1 | ACCIESS: |  |

#### Foreign Limited Liability Company 1401 RIVERPLACE, LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

| K. SALY<br>EXAMINER |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|
| CEP                 |  |  |  |  |  |  |  |

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  1 1401 RIVERPLACE, LLC   |
|---|
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  |
| (If name unavailable, emer alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")  |
| 2. DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)  |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)  |
| 4. SEPTEMBER 10, 2013 (Date of Organization)  5. DECEMBER 31, 2043 (Duration: Year limited liability company will cease to  |
| (Date of Organization) (Duration: Year limited Hability company will cease to exist or "perpetual")   |
| 6. UPON QUALIFICATION'  |
| (Date first transacted business in Plorida, If prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty fiability)   |
| 7. 2200 BISCAYNE BOULEVARD  |
| MIAMI, FL 33137   |
| (Street Address of Principal Office)  |
| 8. If limited liability company is a manager-managed company, check here  |
| 9. The name and usual business addresses of the managing members or managers are as follows:  |
| Manager - 1401 Riverplace Holdings, LLC, 2200 Biscayne Boulevard, Miami, FL 33137   |
|   |
|   |
|   |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the first of the property of the first of the property of the |
| the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)   |
| 11. Nature of business or purposes to be conducted or promoted in Florida:  |
| Real estate development   |
|   |
| Signature of a member or an authorized representative of a member.  |
| (In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the   |
| penalties of perjury that the facts stated herein are true. I am aware that any 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.)  |
| Sharon Christenbury, Authorized Representative  |

Typed or printed name of signee

NRA1 Services, Inc.

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### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

|   | of the Limited Liability Comp<br>VERPLACE, LLC   | •   |   |   |
|---|--|---|---|---|
| If unavailable,   | the alternate to be used in the  | e state of Flo                                    | rida is:  |   |
| 2. The name a   | nd the Florida street address  | of the registe                                    | ared agent and office are:  | <u> </u>  |
|   | NRAI Services,   | Inc.  |   |   |
|   |  | (Name)  | 4 - y - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -   | fac m <sub>e</sub> voya e prog                        |
|   | 1200 S. Pine Is  | land Ro   | ad  |   |
|   | Florida Street Ada   | dress (P.O. Box                                   | NOT ACCEPTABLE)   |   |
|   | Plantation   | FL  | 33324   |   |
|   |  | City/State/                                       | Zip   | <del></del>   |
| liability compar<br>registered agent<br>statutes relating | med as registered agent and in the place designated in the angles to act in this cape to the proper and complete pations of my position as regis | his certificate<br>acity. I furthe<br>verformance | e, I hereby accept the appear agree to comply with the of my duties, and I am fam | ointment as<br>e provisions of all<br>ailiar with and |

(Signature) (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

H130002013183

# Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1401 RIVERPLACE, LLC" 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 TENTH DAY OF SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1401 RIVERPLACE, LLC" WAS FORMED ON THE TENTH DAY OF SEPTEMBER, A.D. 2013.

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

5396197 8300

131071101

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

AUTHENTICATION: 0723786

DATE: 09-10-13