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| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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| ACCOUNT NO. : 12000000195 | | |
| REFERENCE : 801193 158900A | | |
| AUTHORIZATION : Spelle Blenda |) | |
| COST LIMIT : \$ 125.00 | | |
| ORDER DATE : September 16, 2013 | | |
| ORDER TIME : 11:0 AM | | ₹ |
| ORDER NO. : 801193-010 | 3 SE | SECR |
| CUSTOMER NO: 158900A | 61 4 | FIL |
| FOREIGN FILINGS NAME: PNL SV, LLC | PH 1: 50 | EC, FLORIDA |
| XXXX QUALIFICATION (TYPE: LL) | | |
| · · · · · · · · · · · · · · · · · · · | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | |
| CONTACT PERSON: Susie Knight EXT# 52956 | | |
| EXAMINER: | | _ |



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 RUSINESS IN THE STATE OF FLORIDA:

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | | | | |
|--|--|--|--|--|
| 1. PNL SV, LLC | | | | |
| (Name of Foreign Limited Liability Company; must include " | Limited Liability Company," "L.L.C.," or "LLC.") | | | |
| | | | | |
| (If name unavailable, enter alternate name adopted for the purpose of consent of the managers or managing members adopting the alternate | r transacting business in Florida and attach a copy of the written | | | |
| Company," "L.L.C," "LLC.") | | | | |
| 2. State of Delaware 3. | 45-3999796 | | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) | | | |
| | Perpetual | | | |
| (Date of Organization) | (Duration: Year limited liability company will coose to exist or "perpetual") | | | |
| 6 09/25/2013 | | | | |
| (Date first transacted business in Florida (See sections 608.501 & 608.502 F.S. to o | letermine penalty liability) | | | |
| 2100 Ross Avenue, Suite 2900 | | | | |
| Dallas, TX 75201 | PE STATI | | | |
| (Street Address of P | rincipal Office) | | | |
| 8. If limited liability company is a manager-managed con | npany, check here | | | |
| 9. The name and usual business addresses of the managir | ng members or managers are as follows: | | | |
| David Porter: 2100 Ross Avenue, Suit | e 2900, Dallas, TX 75201 | | | |
| Scott Kocurek: 2100 Ross Avenue, Su | uite 2900, Dallas, TX 75201 | | | |
| Daniel Levitan: 2100 Ross Avenue, Su | uite 2900, Dallas, TX 75201 | | | |
| 10. Attached is an original certificate of existence, no more than 90 days the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submitted. | not acceptable. If the certificate is in a foreign language, a | | | |
| 11. Nature of business or purposes to be conducted or pro- | omoted in Florida: | | | |
| Own and operate real estate. | · | | | |
| BAMO PORQ | · | | | |
| Signature of a member or an author | rized 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 a document to the Department of State constitutes a th | rized representative of a member. I of this document constitutes an affirmation under the am aware that any false information submitted in a fird degree felony as provided for in s.817.155, F.S.) | | | |
| David Porter, Manager & Mem | iber 👸 🗴 | | | |

Typed or printed name of signee

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.

| PNL SV | of the Limited Liability Company is: , LLC | | |
|-----------------------------|--|-------------|--------------------|
| If unavailable | the alternate to be used in the state of Florida is: | | |
| | | ಷ | TAL |
| 2. The name | and the Florida street address of the registered agent and o | ffice are: | LLAHAS |
| Corporation Service Company | |) PH | SEF. |
| | (Name) | •• | 0.3 1.03 1.4 |
| | 1201 Hays Street | 50 | TATE ORIDA |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE | E) | - |
| | Tallahassee _{FL} 32301 | | |
| | City/State/Zip | | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Sue G. Knight
(Signature) Assistant Vice President

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

CR2E027 (9/10)

COVER LETTER

| 00 (== == == == == == == == == == == == = | | |
|--|-----------------|----------------------|
| TO: Registration Section Division of Corporations | | |
| SUBJECT: PNL SV, LLC | | |
| Name of Limited Liability Company | | |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce Existence, and check are submitted to register the above referenced foreign limited liability company to transact business | rtific in Fl | ate of lorida |
| Please return all correspondence concerning this matter to the following: | | |
| Emily Reeves | | |
| Name of Person | 13 | Σ |
| PNL SV, LLC | 3 SEP 19 | LAH |
| Firm/Company | 19 | ASS |
| 2100 Ross Avenue, Suite 2900 | PM | 1.02 1.03 1.03 |
| Address | - | 10,1 |
| Dallas, TX 75201 | ; | AGE AGE |
| City/State and Zip Code | | |
| ereeves@pnlcompanies.com | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Emily Reeves <u>at 214</u> 379-9000 | | |
| Name of Person Area Code & Daytime Telephone Number | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |
| Enclosed is a check for the following amount: \$\Bigsiz\$ \$\frac{1}{2}\$ \$125.00 \text{ Filing Fee}\$ \$\Bigsiz\$ \$\frac{1}{2}\$ \$130.00 \text{ Filing Fee} & \$\Bigsiz\$ \$\Bigsiz\$ \$\Bigsiz\$ \$\Certified \text{Copy}\$ \$\Delta\$ \$\D | | |

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PNL SV, 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PNL SV, LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2011.

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

SECRETARY OF STATE FLORIDA

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AUTHENTY CATION: 0748398

DATE: 09-19-13

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