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Foreign Limited Liability Company ESLBV PROPERTY OWNER, LLC

| Certificate of Status | Û |
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Corporate Filing Menu

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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:

| (Name of Foreign Limited Liability Company; must | inolude | e "Limited Liability Company," "L. | L.C.," or "LLC.") | _ |
|--|---|--|--|---------------------------------------|
| name unavailable, enter alternate name adopted for the pasent of the managers or managing members adopting the mpany," "L.L.C," "LLC.") | purpose e altern | of transacting business in Florida at ate name. The alternate name must i | nd attach a copy of the include "Limited Liabili | – writter ity |
| Delaware | 3. | | | |
| (Jurisdiction under the law of which foreign limited liabi company is organized) | lity | (FEI number, if applicable) | | |
| November 4, 2013 | 5. | perpetual | | |
| (Date of Organization) | | (Duration: Year limited liability exist or "perpetual") | • | = |
| | | | 2013 FALL | |
| (Date first transacted business (See sections 608.501 & 608.50) | in Flori 2 F.S. to | ida, if prior to registration.) o determine penalty liability) | | 1; |
| C/O GF Management, Eight Penn Center, 23rd fic | or Phil | ladelphia, PA 19103 | Mark on Mark | |
| | | | | 4 3 1 |
| (Street Ad | dress of | f Principal Office) | - F & - E | - |
| If limited liability company is a manager-mana | aged co | • • • • | | |
| If limited liability company is a manager-mana | aged co | ompany, check here | | emining |
| If limited liability company is a manager-mana. The name and usual business addresses of the | aged co | ompany, check here 🔲 | | - |
| If limited liability company is a manager-mana The name and usual business addresses of the Barbara Evans | manag oor Phi an 90 da otocopy | ompany, check here ging members or managers are lladelphia, PA 19103 ays old, duly authenticated by the officient is intend.) | e as follows: | · · · · · · · · · · · · · · · · · · · |
| If limited liability company is a manager-mana. The name and usual business addresses of the Barbara Evans C/O GF Management, Eight Penn Center, 23rd flow Attached is an original certificate of existence, no more than jurisdiction under the law of which it is organized. (A phosistation of the certificate under eath of the translator must be Nature of business or purposes to be conducted to own operate, lease, manage, repair and develop | aged comanage oor Philan 90 de otocopy se submed or por the re- | ompany, check here ging members or managers are lladelphia, PA 19103 ays old, duly authenticated by the officient is intended.) promoted in Florida: | e as follows: | coords |

Typed or printed name of signee

M BURR KEIM CO

(((H13000245839 3))) :

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.

| | ne of the Limited Liability Con | mpany is: | |
|--|--|--|---|
| If unavailab | ole, the alternate to be used in | the state of Florida is: | |
| 2. The nam | e and the Florida street addre | ss of the registered agent and office an | e: \$4.0.00 NEW |
| | W. Bradley Munroe, Esq. | | 2 2 - |
| | | (Name) | |
| | | | NIASSET |
| | 239 E. Virginia Street | | |
| | Florida Street | Address (P.O. Box NOT ACCEPTABLE) | STATE C |
| | Tallahassee | 32301 | 3 /// 6 |
| | | FL City/State/Zip | |
| | | City/States 21p | |
| liability con registered a statutes rela | apany at the place designated in gent and agree to act in this conting to the proper and complete bligations of my position as respectively. | ind to accept service of process for the a in this certificate, I hereby accept the ap apacity. I further agree to comply with te performance of my duties, and I am p egistered agent as provided for in Chap | ppointment as the provisions of all familiar with and |
| | | | |
| | \$ 100. | 00 Filing Fee for Application | |
| | \$ 25. | | t |
| | \$ 30. | | |
| | C 51 | nn - Certificate of Status (ontional) | |

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ESLBV PROPERTY OWNER, 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 FIFTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ESLEV PROFERTY OWNER, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2013.

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

5418785 8300

131273459

You may worlfy this certificate online

jeffrey W. Bullock, Secretary of State

DATE: 11-05-13