Florida Department of State Division of Corporations

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Foreign Limited Liability Company DBXRX Orlando LLC

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3/19/2014

COVER LETTER

JUBJEC	T: DBXRX Orlando LLC				
	· · · · · · · · · · · · · · · · · · ·	Name of Limite	d Liability Company		
i'he enclu Exisience	sed "Application by Foreign , and check are submitted to r	Limited Liability Com egister the above refer	pany for Authorization enced foreign fimited	on to Transact Busines I liability company to	ss in Florida," Certific transact business in Fl
lease rei	um all correspondence conce	ming this matter to the	following;		
	Arriann Mathurin				
		N	arne of Person		
	Fortress Investment (Group			
		F	iem/Company		
	1345 Avenue of the A	Americas, 46th Fl.			
			Address	,	
	New York, NY 1010	s			
			tate and Zip Code		
	amathurin@fortress.c	om			
		-mail address: (to be use	d for future annual repo	ort notification)	
or furthe	er information concerning this	matter, please call:			
	Arriann Mathurin		212	478-4172	
-	Name of Con	itset Person	Area Code	Daytime Telephor	ne Number
[MAILING ADDRESS: Division of Corporations Registration Section 2.0. Box 6327 Faitahassoc, FL 32314	Divisio Registr Clifton 2661 E	ET ADDRESS: in of Corporations ation Section Building xecutive Center Circ assec, FL 32301	le	
		_			
	d is a check for the follows \$125,00 Filing Fee	wing amount: 1130.00 Filing Fee &			

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 DBXRX Orlando LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.,"
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. Upon qualification
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1345 Avenue of the Americas, 46th Fl
New York, NY 10105
(Street Address of Principal Office)
6. same as above
To the second se
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Constanting M. Dakolias, 1345 Avenue of the Americas, 46th Ft., New York, NY 10105, President
Marc K, Furstein, 1 Market Street Spear Tower, 42nd Fl, San Francisco, CA 94105, Chief Operating Officer
James K. Noble, I Market Street Spear Tower, 42nd Fl, San Francisco, CA 94103, Secretary
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjuty 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 a 817.155, F.S.)
Constantine M. Dakolias
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	f the Limited Liability Compa	ny is:				
DBXRX Orlando	LLC	<u>,</u>				
lf unavailable, t	the alternate to be used in the	state of Florida is:				
2. The name ar	nd the Florida street address o	f the registered agent and office are	»:			
	C T Corporation System	_				
	(Name)					
	1200 South Pine Island Road					
	Florida Street Addi	ress (P.O. Box NOT ACCEPTABLE)				
	Plantation	FL 33324 City/State/Zip				
liability compar registered agen statutes relating	ny at the place designated in th t and agree to act in this capa g to the proper and complete p	o accept service of process for the a nis certificate, I hereby accept the ap city. I further agree to comply with erformance of my duties, and I am f tered agent as provided for in Chapi	ppointment as the provisions of all amiliar with and			
	CT Corporation System By: (Signal	Conic Buy	Connie Bryan Assistant Secretory			
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	:			

Delaware

DAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DBXRX ORLANDO 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 MARCH, A.D. 2014.

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

5500825 8300

140349849

You may verify this certificate online at corp. delaware. Gov/authors. shtml

Jeffrey W. Bullock, Secretary of State

DATE: 03-19-14