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Metropica Residential I, LLC 19495 Biscayne Boulevard Suite 702 Aventura, Florida 33180 (305) 931-3878

June 30, 2014

VIA FEDERAL EXPRESS

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

Attached please find Metropica Residential I, LLC's application to register as a foreign limited liability company in Florida.

Sincerely,

Michel Besso

Metropica Residential I, LLC

COVER LETTER

| | Metropica Residential I, LLC | | |
|---------------------------------|---|-------|---------------|
| SUBJECT: | • | | _ |
| | Name of Limited Liability Company | | |
| | l "Application by Foreign Limited Liability Company for Authorization to Transact Business and check are submitted to register the above referenced foreign limited liability company to transact submitted to register the above referenced foreign limited liability company to transact submitted to register the above referenced foreign limited liability company to transact submitted to register the above referenced foreign limited liability company. | | |
| Please return | all correspondence concerning this matter to the following: | | |
| | Michel Besso | 75 G | |
| ; | Name of Person | 至於 | |
| | Metropica Residential I, LLC | SON A | -3 FE |
| | Firm/Company | THE T | HH15. |
| | 19495 Biscayne Blvd., Suite 702 | | |
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| | Aventura, FL 33180 | | |
| | Aventura, FL 33180 City/State and Zip Code | | |
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| For further ir | City/State and Zip Code michelbesso@kgroupholdings.com E-mail address: (to be used for future annual report notification) | | - |
| | City/State and Zip Code michelbesso@kgroupholdings.com E-mail address: (to be used for future annual report notification) aformation concerning this matter, please call: | | - |
| | City/State and Zip Code michelbesso@kgroupholdings.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: Michel Besso at (305) 931-3878 | | - |
| | City/State and Zip Code michelbesso@kgroupholdings.com E-mail address: (to be used for future annual report notification) aformation concerning this matter, please call: | | |
| <u>N</u> | City/State and Zip Code michelbesso@kgroupholdings.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: 1 | | - |
| MA Div | City/State and Zip Code michelbesso@kgroupholdings.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: Michel Besso Name of Contact Person Area Code Daytime Telephone STREET ADDRESS: Division of Corporations | | - |
| MA Div Reg | City/State and Zip Code michelbesso@kgroupholdings.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: Michel Besso Name of Contact Person Area Code Daytime Telephone STREET ADDRESS: ision of Corporations istration Section Section | | - |
| MA Div Reg P.O | City/State and Zip Code michelbesso@kgroupholdings.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: Michel Besso Name of Contact Person Area Code Daytime Telephone STREET ADDRESS: Division of Corporations | | - |
| MA Div Reg P.O Tall | City/State and Zip Code michelbesso@kgroupholdings.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: Michel Besso Name of Contact Person Name of Contact Person Area Code Daytime Telephone STREET ADDRESS: ision of Corporations istration Section Box 6327 Segistration Section Clifton Building 2661 Executive Center Circle | | - |

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: Metropica Residential I, 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 transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 32-0417365 Delaware (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 19495 Biscayne Blvd., Suite 702 Aventura, FL 33180 (Street Address of Principal Office) 6, 19495 Biscayne Blvd., Suite 702 Aventura, FL 33180 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Joseph Kavana, MGR, 19495 Biscayne Blvd., Suite 702, Aventura, FL 33180 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) of an authorized person mis document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I (In accordance with section 605.0203, F.S., the exe then to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) am aware that any false information submitted in a doc Joseph Kavana 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 Metropica Res | | iability Company is: C | | | |
|---------------------------------|-----------------|--|--|----------|---|
| If unavailable, th | ne alternate to | be used in the state of Florida is: | | | |
| 2. The name and | | street address of the registered agent and office are: | 3 44 CC | 2814 JUL | |
| Michel Besso | | 建制 | 菖 | | |
| | | (Name) | 設製 | ယ် | 1 |
| 19495 Biscayne Blvd., Suite 702 | | OF STATE | PM 12-21 | | |
| | F | lorida Street Address (P.O. Box NOT ACCEPTABLE) | 到海 | <u>~</u> | |
| | Aventura | _{FL} 33180 | · ************************************ | | |
| | | 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 605, Florida Statutes.

(Signature)

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



PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "METROPICA RESIDENTIAL I, 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 TWENTY-SEVENTH DAY OF JUNE, A.D.

2014.

5382117 8300

140895300

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1495190

DATE: 06-27-14

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