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Florida Department of State

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Foreign Limited Liability Company 170 N. Yonge, LLC

Certificate of Status	0
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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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 170 N. YONGE, LLC	an io kadalak k
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC	!")
(If name unavailable, onter alternate name adopted for the purpose of transacting business in Plorids. The alternate name in Lisbility Company," "L.L.C," or "LLC.")	ust include "Limited
₂ Delaware	
(Jurisdiction under the low of which foreign limited lightlity (FEI number, if applicable) company is organized)	
4.	A S
(Date first transacted business in Plorids, if prior to registration.) (See sentions 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 917 Tahoe Boulevard, Suite 200	AUG I
Incline Village, NV 89451	338 G
(Sirvet Address of Pricapel Office)	
_{6.} Same as above	LOSTA F
	AIF 45
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manag	e is/arc:
Nathan A. Horvath, Manager, 917 Tahoe Blvd., Ste. 200, Incline Village, N	V 89451
Peter M. Castleman, Manager, 917 Tahoe Blvd., Ste. 200, Incline Village, I	NV 89451
Mark J. Sullivan, Manager, 1700 H Street, NW, Washington, Do	20006
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticate having custody of records in the jurisdiction under the law of which it is organized. (A photo acceptable. If the certificate is in a foreign language, a translation of the certificate under cathemast be submitted) Signature of an authorized person	copy is not n of the translator
(in eccordance with section 605,0203, P.S., the execution of this document constitutes an effirmation under the penalties of purjury that the son aware that exp fairs information submitted in a document to the Department of State constitutes a third degree fotony as provided for i	o facto stoled harela are true. I n s.817.155, F.S.)
MARK J. SULTIAN	
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.

I. The name	of the Limited Liability Comp	any is:		
170 N. Y	onge, LLC			
If unavailable	, the alternate to be used in the	e state of Florida is:		
2. The name	and the Florida street address	of the registered agent and office a	re:	
	C T Corporation System		mag.	
		(Nатто)		24,
	1200 South Pinc Island Road			AUG G
	Florida Street Ade	iress (P.O. Box NOT ACCEPTABLE)	AR)	8
	Plantation	pr. 33324	<u> </u>	PH
		City/State/Zip	STATE	t: F
liability compo registered age statutes relatin	my at the place designated in t nt and agree to act in this capa ng to the proper and complete p	to accept service of process for the his certificate, I hereby accept the cacity. I further agree to comply with performance of my dutles, and I amatered agent as provided for in Chap	appointment as h the provisions of all familiar with and	
	By: C T Corporation System (Signs	-WX-Bold	Kristin Bolder Assistant Secret	
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Ages Certified Copy (optional) Certificate of Status (optional)	a č	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELANARE, DO HEREBY CERTIFY "170 N. YONGE, LLC" IS DULY FORMED UNDER THE LANS 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 EIGHTEENTH DAY OF AUGUST, A.D. 2014.

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

5575354 8300

AUTHENTICATION: 1627604

DATE: 08-18-14