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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/21/14

NAME:

VERANO MULTI-FAMILY HOLDING LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN:

AD RIM COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

abbie Hook

COVER LETTER

	Istration Section Islon of Corporations						
SUBJECT:	Verano Multi-Family Holding LLC Name of Limited Liability Company						
The enclosed Existence, an	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of defect are submitted to register the above referenced foreign limited liability company to transact business in Florida						
Please return	all correspondence concerning this matter to the following:						
	Name of Person						
	Capitol Services - Corporate Filings Team Firm/Company						
	800 Brazos Ste 400						
	Austin TX 78701 City/State and Zip Code						
	regagent@capitolservices.com E-mail address: (to be used for future annual report notification)						
For further in	formation concerning this matter, please call:						
	nat (800) 345-4647 Name of Contact Person Area Code Daytime Telephone Number						
Divi Regi P.O.	ILING ADDRESS: STREET ADDRESS: sion of Corporations stration Section Box 6327 Clifton Building shassee, FL 32314 C2661 Executive Center Circle Tallahassee, FL 32301						
	a check for the following amount: 125.00 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:

Verano Multi-Family Holding 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.")					
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 47-2256939 (FEI number, if applicable)					
4. 12/04/2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty flability)	, ~				
5. 2200 Villa Verano Way	1				
Kissimmee, FL 34744 (Street Address of Principal Office)	: ၁				
5. 1801 - 3300 Bloor St. West, West Tower					
Toronto, ON M8X 2X2 (Mailing Address)					
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:					
Stephen S. Maris, Director, 547 University Drive, Woodland Park, CO 80863					
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 perjury that the facts stated herein are true. I meaware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)					
Evan Kirsh 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	the Limited Liability Compa	ny is:		:
	Verano Mu	ılti-Family Holdi	ing LLC	·
If unavailable, th	ne alternate to be used in the	state of Florida is:	: 	# 1 T T
2. The name and	d the Florida street address of	f the registered ag	ent and office are:	SSEC TO PR
	Capitol Corporate Services, Inc. (Name)			ORIDA ORIDA
,				
	Tallahassee	FL City/State/Zip	32301	

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.

Caple Windle, Asst. Secretary on Gayle Windle, Asst. Secretary on (Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

DAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "VERANO MULTI-FAMILY HOLDING 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-FIRST DAY OF NOVEMBER, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERANO MULTI-FAMILY HOLDING LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2014.

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

5628404 8300

141441168

AUTHENTYCATION: 1888390

DATE: 11-21-14

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