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SECRETARY OF STATE
JAHLAHASSEE, FLORID.

J. Shivers DEC 1 7 2014

COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: PREP 6, LLC					
Name of Limited Liability Company					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check 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:					
Leigh Taylor					
Name of Person					
Amherst					
Firm/Company					
5001 Plaza on the Lake Suite 200					
Address					
Austin, TX 78746					
City/State and Zip Code					
ltaylor@amherst.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Leigh Taylor _{at (} 512) 342-3048					
Name of Contact Person Area Code Daytime Telephone Number					
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
Enclosed is a check for the following amount: State					

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:

PREP 6, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Co	mpany,'' "L.L.C.," or "LLC.")
f name unavailable, enter alternate name adopted for the purpose of transacting business in Flo iability Company," "L.L.C," or "LLC.")	rida. The alternate name must include "Limited
Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (F company is organized)	El number, if applicable)
11/06/2014	
(Date first transacted business in Florida, if prior to registr (See sections 605.0904 & 605.0905, F.S. to determine penalt	ation.) y liability)
5001 Plaza on the Lake, Suite 200	
Austin, TX 78746	
(Street Address of Principal Office)	
same	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have	e authority to manage is/are:
Prep Equity Holdings, LLC (MGRM)	14 TALI
5001 Plaza on the Lake, Suite 200	ORE OR
	SS 7 Funda
Austin, TX 78746	
3. Attached is an original certificate of existence, no more than 90 days of	<u> </u>
naving custody of records in the jurisdiction under the law of which it is ecceptable. If the certificate is in a foreign language, a translation of the nust be submitted)	organized. (A photocopy) not
- wai	
Signature of an authorized person in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under	

Tom Wilkinson

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.

PREP 6	of the Limited Liability (Company is:	
If unavailable	e, the alternate to be used	in the state of Florida is:	
2. The name	and the Florida street add	lress of the registered agent and office are:	
	Capitol Corp	orate Services, Inc.	
		(Name)	
		laza Drive, Suite A	TAL TAL
	Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)	CORE
	Tallahassee	_{EL} 32301	DEC 12 CRETAR) AHASS
		City/State/Zip	
			S D :
liability comp registered age statutes relati	any at the place designate ent and agree to act in this ing to the proper and comp	and to accept service of process for the about and this certificate, I hereby accept the appears capacity. I further agree to comply with the plete performance of my duties, and I am fand registered agent as provided for in Chapter	ointment as ne provisions of all niliar with and
		(Signature)	
	\$ 10	00.00 Filing Fee for Application	

\$ 25.00

\$ 30.00

5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

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.

PREP 6,	f the Limited Liability Compa	any is:	
If unavailable, t	the alternate to be used in the	state of Florida is:	
2. The name ar	nd the Florida street address o	of the registered agent and office are:	
	Capitol Corporate Services, Inc.		
		(Name)	na.na.
155 Office Plaza Drive, Suite A Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301	
		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.

Duanie Case, asst. Sec.

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

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "PREP 6, 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2014.

TALL AHASSEF FLORIO

5548421 8300

141428217

AUTHENTY CATION: 1878827

DATE: 11-18-14

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