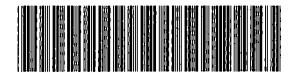
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COVER LETTER

	listration Section Islan of Corporations			
SUBJECT:	Whitepalm/PT-BAY, L.I	C .	1	
		Name of Limite	d Liability Company	
The enclosed Existence, an	"Application by Poreign d check are submitted to r	Limited Liability Com registor the above refer	pany for Authorization to Tr enced foreign limited liabili	ansact Business in Florida," Certificate of ty company to transact business in Florida
Please return	all correspondence conce	rning this matter to the	following:	
	Tina Muckelvaney			· · · · · · · · · · · · · · · · · · ·
		M	ame of Person	
	Carter-Haston Real E	state Services, Inc.		
		F	rm/Company	
	3301 West End Aven	ue, Suite 200		
			Address	
	Nashville, Tennessee	37203		
		City/S	lute and Zip Code	
	tmuckelvaney@carter			
			l for future annual report notifi	cation)
For further in	formation concerning this	matter, please call:		
Tin	a Muckelvanoy		at (615) 577-4	659
	Name of Con	ituet Person	Area Code D	aytime Telephone Number
Div	JLING ADDRESS:	Divisio	T ADDRESS: n of Corporations	
_	istration Section Box 6327		ation Section Building	
Tell	shassee, FL 32314	2661 E	xecutive Center Circle ssee, FL 32301	
	a check for the follo			
0 \$	•	130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	of Status & Certified Copy

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:

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternat Jability Company," "L.L.C.," or "L.L.C.")	e name must include "Lin
Delaware 3	
(Jurisdiction under the law of which foreign limited liability (FEI number, if apprompting the law of which foreign limited liability (FEI number, if apprompting the law of which foreign limited liability)	licable)
	1 SEC. 13
(Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 603.0905, F.S. to determine penalty liability)	AHA
3301 West End Avenue, Suite 200	38.5
Naxhville, Tennessee 37203	r EE.
(Street Address of Principal Office)	(O
3301 West End Avenue, Suite 200	TAI ORI
Nashville, Tennessee 37203	DA A
• • • • • • • • • • • • • • • • • • • •	J
7. The name, title or capacity and address of the person(s) who has/have authority to	J
7. The name, title or capacity and address of the person(s) who has/have authority to C. Harris Haston, Authorized Person, 3301 West End Avenue, Suite 200, Nashville, Tennessee 37203 3. Attached is an original certificate of existence, no more than 90 days old, duly authorized custody of records in the jurisdiction under the law of which it is organized. (A ecceptable. If the certificate is in a foreign language, a translation of the certificate unnust be submitted) C. Limin Laten.	enticated by the off
7. The name, title or capacity and address of the person(s) who has/have authority to C. Harris Haston, Authorized Person, 3301 West End Avenue, Suite 200, Nashville, Tennessee 37202. Attached is an original certificate of existence, no more than 90 days old, duly auth aving custody of records in the jurisdiction under the law of which it is organized. (Acceptable, If the certificate is in a foreign language, a translation of the certificate units.)	enticated by the off a photocopy is not der oath of the trans

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 o	f the Limited Liability Co	mpany is:		
Whitepalm/PT-B	AY, L.L.C.	,		
If unavailable,	the alternate to be used in	the state of Florida is:		
			<u> </u>	
2. The name a	nd the Florida street addr	ess of the registered agent and office are:	CRETT CRETT CRETT	GHACT MAN
	NRA! Services, Inc.		SSE -5	in acres areas
		(Name)	OF S	
	1200 South Pine Island Ros	d	STATE CORIDA	Carrie Land
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	D.M on	
	Plantation	FL 33324		
		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.

NRAI Services, Inc. By: Lag - Odd				
(Signature)				
Eileen Chaddock, Special Asst. Secretary				

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WHITEPALM/PT-BAY, L.L.C." 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 FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WHITEPALM/PT-BAY, L.L.C." WAS FORMED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2015.

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

5698871 8300

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

DATE: 02-27-15