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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195

REFERENCE: 639488 4305390

AUTHORIZATION : Signella Elegan

COST LIMIT : \$' 125.00

ORDER DATE : May 22, 2015

ORDER TIME : 11:15 AM

ORDER NO. : 639488-025

CUSTOMER NO: 4305390

FOREIGN FILINGS

NAME: ONYX PROPERTY MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0X(2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Onyx Property Management, 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. Dolaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Dute first transacted business in Florida, if prior to togistration.) (See sections 605.0904 & 605.0905, F.S. to determine penulty liability) 900 Route 9 North, Suite 400 Woodbridge, NJ 07095 (Street Address of Principal Office) 900 Route 9 North, Suite 400 Woodbridge, NJ 07095 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee_ (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent, Corporation 9 Lydia Cohen Asst. Vice President 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Jonathan B. Schultz, Member, 900 Route 9 North, Suite 400, Woodbridge, NJ 07095 John A. Saraceno, Jr., Meinber, 900 Route 9 North, Suite 400, Woodbridge, NJ 07095 9. Attached is a 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. (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 am aware 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.) Jonathan B, Schultz

Typed or printed name of signee

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "ONYX PROPERTY MANAGEMENT, 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-SECOND DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONYX PROPERTY MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

15 MAY 22 PH L: 58

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Jeffrey W Bullock, Secretary of State

AUTHENTICATION: 2402268

DATE: 05-22-15

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