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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

Foreign Limited Liability Company
Mission Springs Four 5775 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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15 MAY 27 AM 11:51

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TALLAHASSEE, FLORIDA

FILED
15 MAY 27 AM 7:57
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TALLAHASSEE, FLORIDA

MAY 28 2015

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MISSION SPRINGS FOUR 5775 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-SIXTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MISSION SPRINGS FOUR 5775 LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D. 2015.

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

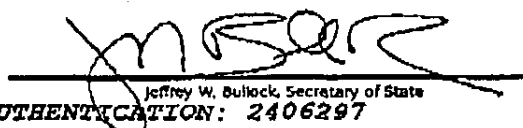
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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2406297

DATE: 05-26-15

MISSION SPRINGS FOUR 5775 LLC

2158 82ND STREET

BROOKLYN, NY 11214

CONSENT TO USE OF NAME

May 14, 2015

To Whom It May Concern:

MISSION SPRINGS FOUR 5775 LLC, a Florida limited liability company, hereby consents to the use of the name of MISSION SPRINGS FOUR 5775 LLC upon the filing of application by foreign limited liability company for authorization to transact business in Florida.

IN WITNESS WHEREOF, said MISSION SPRINGS FOUR 5775 LLC has caused this consent to be executed by its member, 22nd day of May 2015.

MISSION SPRINGS FOUR 5775 LLC
A Florida limited liability company

By: _____

Name: PINCHOS D. SHEMANO

Title: Member

FILED
MAY 27 AM 7:57
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA

**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:

1. Mission Springs Four 5775 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.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2158 82 ST PH

BROOKLYN NY, 11214

(Street Address of Principal Office)

6. 2158 82 ST PH

BROOKLYN NY, 11214

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: VCORP SERVICES, LLC

Office Address: 5011 SOUTH STATE ROAD 7, SUITE 106

DAVIE, Florida 33314

(City)

(Zip code)

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.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Pinchos Shemano, Manager

2158 82 ST PH

BROOKLYN NY, 11214

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.)

Pinchos Shemano

Typed or printed name of signer

FILED
15 MAY 27 AM 7:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA