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Florida Department of State

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Foreign Limited Liability Company AMFP III Mainsail Land LLC

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

| COMPANYTOTRANS | CACT BUSINESS IN THE SUITE OF FLORIDA | | |
|---|--|--|---|
| AMFP III Mains | ··· • | | |
| (Name | of Foreign Limited Liability Company; must inch | de "Limited Liability Company," "L.L. C.," or "LLC | . ") |
| (If name unavailable, Liability Company," | enter alternate name adopted for the purpose of tra | assetting business in Florida. The alternate name mus | n include "Limited |
| 2. Delaware | | N/A | |
| (Jurisdiction under to company is organi | the law of which foreign limited liability itself) | (PEI number, if applicable) | |
| 4 Date of Filing | | | |
| | (Date first transacted business in P (See sections 605,0904 & 605 0905, | loride, if prior to registration.) P.S. to delarmine penalty (lability) | |
| 5 6224 Hillsborou | | | |
| Tampa, Florida | 12614 | | 2015 |
| tumpa, riorida . | (Street Address of Princip | d Office) | |
| Same | (onest statute of statute | | SEP SEP |
| <u> </u> | | | |
| | (Mailing Address | X | |
| | , | • | = |
| 7 Name and street | address of Florida registered agent: (P.O Bo | x NOT acceptable) | <u> </u> |
| Name; | Incorporating Services, Ltd. | | |
| Office Add | iress: 1540 Glenway Drive | | # . |
| | Tallahassen, FL | , Florida 32301 | |
| | (City) | (Zip code) | |
| designated in this at to complywith the p | i as registered agent and to accept service of pplication, I hereby accept the appointment | process for the above stated limited liability of the registered agent and agree to act in this cap and complete performance of my duties, and and agree to a complete performance of my duties, and and agree to a complete performance of my duties. | actty. I further agree |
| | (Registered ag | ont's signature) | |
| 8 The name, title o | or capacity and address of the person(s) who h | as/have authority to manage is/are: | |
| | MAN, Vice President | | |
| 420 Lexington Ave | nue, # 2821 | | * |
| New York, New Yo | ark 10170 | | |
| | · · · · · · · · · · · · · · · · · · · | | P |
| Attached is a certi- jurisdiction under the of the translator mus | s law of which it is organized. (If the certifica | duly authenticated by the official having custod to is in a foreign language, a translation of the c | ly of records in the artificate under oath |
| | Signature of an a | utharized person | |
| This document is exc submitted in a docum | ecuted in accordance with acction 605.0203 (I nent to the Department of State constitutes a the Philip D. Weller |) (b), Florida Statutes I am aware that any false and degree felony as provided for in \$ 817.155, I | information ?.S. |
| | · | | |

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AMFP III MAINSAIL LAND 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMFP III

MAINSAIL LAND LLC" WAS FORMED ON THE EIGHTH DAY OF SEPTEMBER, A.D.

2015.

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

Authentication: 10063564

Date: 09-15-15