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

From: Account Name : HINSHAW & CULBERTSON
Account Number : I20110000017
Phone : (954)375-1155
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TALLAHASSEE, FLORIDA

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Foreign Limited Liability Company
BEACON 87 MEMBER LLC

Certificate of Status	0
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Page Count	05
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OCT 13 2015
J. BRUCE

OCT 12 2015 9:32 AM FR HINSHAW-FTLAUD 954 467 1024 TO 918506176383#141 P.02

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEACON 87 MEMBER LLC, A DELAWARE LIMITED LIABILITY COMPANY
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:

ELIOT ABBOTT, ESQ.

Name of Person

HINSHAW & CULBERTSON LLP

Firm/Company

2525 PONCE DE LEON BLVD., 4TH FLOOR

Address

CORAL GABLES, FL 33134

City/State and Zip Code

EABBOTT@HINSHAWLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIOT ABBOTT, ESQ.

305

358-7747

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

2015 OCT 12 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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. BEACON 87 MEMBER 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. 38-3906353

(FEI number, if applicable)

4. JULY 30, 2015

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

5. 20143 N.E. 19TH PLACE

NORTH MIAMI BEACH, FL 33179

(Street Address of Principal Office)

6. 20143 N.E. 19TH PLACE

NORTH MIAMI BEACH, FL 33179

(Mailing Address)

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

Name: LAURIE ROSEN RIEMER

Office Address: 20143 N.E. 19TH PLACE

NORTH MIAMI BEACH

(City)

, Florida 33179

(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.*

Laurie Rosen Riemer
(Registered agent's signature)

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

JOANNE ROSEN, MANAGER, 22 WEST 70TH STREET, NEW YORK, NY 10023

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]
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

JOANNE ROSEN, MANAGER

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEACON 87 MEMBER 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-EIGHTH DAY OF AUGUST, A.D. 2015.



5333411 8300

151230143

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2694250

DATE: 09-01-15