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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 831235 8067753

AUTHORIZATION : Include the content of t

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

## 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 REGISTER A FOREIGN LIMITED LIABILITY COMPLINY TO TRANSACT RUSINESS, IN THE STATE OF FLORIDA.

COMPANY TO TRANSACT BU	JSINESS IN THE STATE OF FLORIDA:	414		
1. 50 SOUTH POINTE D				
(Name of Fore	eign Limited Liability Company; must include "Li	imited Liability Company," "L.L.C.," o	σ "LLC.")	
Liability Company," "L.L.C,	tternate name adopted for the purpose of transaction of "LLC.")	ng business in Florida. The alternate na	ime must include "L	_imited
2. DELAWARE	3			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	e)	
4			<del></del>	
	(Date first transacted business in Florida, (See sections 605,0904 & 605,0905, F.S. to	if prior to registration.) determine penalty liability)		
5. C/O MAVEN PARTN	ERS, 26 MERCER STEET, 2ND FLOOR		<del></del>	
NEW YORK, NEW Y	ORK 10013			
<del></del>	(Street Address of Principal Offi	œ)		
6. C/O MAVEN PARTNI	ERS, 26 MERCER STEET, 2ND FLOOR		_	
NEW YORK, NEW Y	ORK 10013		20	
	(Mailing Address)			<b>~17</b>
7. Name and street address	s of Florida registered agent: (P.O. Box NO	T accentable)		encentains.
	C/O DINO C. COPPOLA	<u></u>	AR AR SSS	9
Name:			High W	m
Office Address:	1111 LINCOLN ROAD, 4TH FLOOR		PF S	Ö
	MIAMI BEACH	, Florida 33139 (Zip code)	유덕 윤	<del></del> -
<b>5</b>	• • •	(Zip code)	SO SO	
Registered agent's accep- Having been named as re-	tance: gistered agent and to accept service of proce	ess for the above stated limited liab	بر Dility company at I	the place
designated in this application	tion, I hereby accept the appointment as reg	istered ugent and agree to act in th	his capacity. I fui	rther agree
	ons of all statutes relative to the proper and	complete performance of my dutie	s, and I am famil	liar with ar
accept the obligations of h	ny position as registered agent.	0		
	Registered agent's s	prea	<del></del>	
	(Registered agent's s	agnature)		
8. The name, title or capa	city and address of the person(s) who has/hav	ve authority to manage is/are:		
MANUEL M. BELLO, M	ANAGER			
C/O MAVEN PARTNER	S, 26 MERCER STREET, 2ND FLOOR			
NEW YORK, NEW YOR	KK 10013			
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is in abmitted)			
			<del></del>	
	Signature of an authori:	zed person		
	in accordance with section 605.0203 (1) (b), the Department of State constitutes a third de			n

Typed or printed name of signec

BRAD D. SHALIT

Page 1

## <u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "50 SOUTH POINTE DRIVE #3402 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 FOURTEENTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "50 SOUTH POINTE DRIVE #3402 LLC" WAS FORMED ON THE FOURTH DAY OF SEPTEMBER, A.D. 2015.

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

Authentication: 10235178

Date: 10-14-15