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TO:				
	Division of Co	rporations		
	Fax Number	: (850)617~638	33	<del></del> ₹
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

: (850)878-5368

Foreign Limited Liability Company

Fax Number

Certificate of Status	0
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Thor ASB 70 NE 39th LLC

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## COVER LETTER

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Please	return all	correspondence	concerning this matter to	the following:					
		Ashley White							
		<del></del>	,	Name of Person					
		ASB Capital 1	Management						•
			·	Firm/Company		<u></u>			
		7501 Wiscons	in Avenue, Suite 1300W						
			· · · · · · · · · · · · · · · · · · ·	Address		······································	一里。	3 200	
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For fur	ther infor	mation concernir	ng this matter, please call:				A S	<b>Q</b> -	O
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		Name	of Contact Person	Area Code	Day	time Telephone Nu	nber		
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

THOR ASB 70 NE 39TH LLC

J. THOR ASB 70 NE 39 (Name of For	9Th LLC eigh Elmited Elability Company; must include	"Limited Linbility Company," "L.L.C.," or	"LLC/")		
(ll'iname enavellable, enter a	digrante dame adopted for the purpose of trans-	acting business in Florida. The alternate num	n must includ	e "Limite	đ
Linbility Company," "LL.C.  2. Delaware	husen Entern)				
(Juristiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		<del></del>	
4			_		
c 7501. Wisconsin Aven	(Date first transported business in Flor (See sections 603,0904 & 605:0905, F.S	ide, if prior to registration.) i, to determine penalty liability)			
5. 7301. WISCONSID. AVEIL	de, Stile 1800 W		•		
Bethesda, Maryland 20	) <b>814</b>				
	(Street Address of Principal C	Office)	-		
6. 7501 Wisconsin Avenu	ie, Suife 1300W				
Bothesda, Maryland 20814			(S)(S)	<b>=</b>	
	(Mailing Address)	<del></del>		2016 DEC	
7. Name and street address	s of Florida registered agent: (P.O. Box 1	NOT acceptable)	20		RX,60
Name:	C T Corporation System		YES YES	-2	
Office Address:	1200 South Pine Island Road			U	
	Plantation	Florida 33324		ċ.	•
Registered agent's accor-	(City)	(Zip code)	<b>6</b> 7	0	
designated in this application complywith the provision	gistered agant and to accept service of prolifers, I hereby accept the appointment as to one of all statutes relative to the proper of my position is registered agent.  C information System  (Registered agent)	registered agent and ugree to act in this ad complete performance of my duties,	cupacity. I	further i	agree
	(Registered.agent)	s signature)			
8. The name title or cana	city and address of the person(s) who has/	have authority to manage is/are:			
•	9th LLC, Managing Member	•			
	, 25 West 39th Street, 16th Floor,	New York, NY 10018			
	and w Pi	s in a foreign language, attanslation of t			
	Signature of an author	orized parson			
	in accordance with section 605.0203 (1) (b the Department of State constitutes a third			tìon ·	
	Christopher Price				
•	Typed or printed own	o of signed			

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "THOR ASB 70 NE 39TH 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 SECOND DAY OF DECEMBER, A.D. 2015.

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

5881334 8300 SR# 20151154792 Authentication: 10527170

Date: 12-02-15

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