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| (Re | questor's Name) | |
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| | uicsay | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | e) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer; | |
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| то: | | ition Section of Corporation | s | | | | |
|--|--------------|---|--|------------------------------------|-------------|--|---|
| SUBJE | | EBIRD SFE I, L | | | | | |
| | | | Name of L | imited Liability (| Company | | |
| | | | eign Limited Liability Compa I to register the above refere | | | | |
| Please 1 | return all o | correspondence co | oncerning this matter to the f | following: | | , | |
| | | Leigh Taylor | | | | | |
| Name of Person | | | | | | | |
| Amherst | | | | | | | |
| Firm/Company | | | | | | | |
| | | 5001 Plaza on ti | ne Lake 200 | | | | _ |
| | | | | Address | | | |
| Austin, TX 78746 | | | | | | | |
| City/State and Zip Code | | | | | | | |
| ltaylor@amherst.com | | | | | | | |
| | _ | | E-mail address: (to be used | for future annual | report noti | fication) | |
| For furt | ther inforn | nation concerning | this matter, please call: | | | | |
| Leigh Taylor | | 512 at (| 342-304 | | | | |
| | | Name of | f Contact Person | Area Code | Dayı | time 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 | | | | | |
| Enclose | | ck for the followi 00 Filing Fee | ng amount: \$\square\$ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filir Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Cer of Status & Certified Copy | |

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:

| FIREBIRD SFE I, LLC | | | | | |
|---|---|--|---|---------------|----------------|
| (Name of Fore | eign Limited Liability Company; must include "Limited Lia | bility Company," "L.L.C.," or "I | JLC.") | | |
| (If name unavailable, enter al Liability Company," "L.L.C, | Iternate name adopted for the purpose of transacting busines "or "LLC.") | ss in Florida. The alternate name | must includ | e "Limit | ted |
| 2. Delaware | 3. | | | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable) | | | |
| 4. 12/30/2015 | (Date first transacted business in Florida, if prior to | registration) | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determin | e penalty liability) | | | |
| 5. 5001 Plaza on the Lak | e, Suite 200 | | | | |
| Austin, TX 78746 | | | | | |
| | (Street Address of Principal Office) | | | | |
| 6. 5001 Plaza on the Lake | s, Suite 200 | | | | |
| Austin, TX 78746 | | | 350 | 5-3 (20 | |
| | (Mailing Address) | | | دی | trac ≥ die . |
| 7 Name and street address | s of Florida registered agent: (P.O. Box <u>NOT</u> accept | | | | alani. |
| | Capitol Corporate Services, Inc. | | <i>ភ្លៃ</i> ង | 9 | A STATE OF THE |
| Name: | | _ | 17.1 17.1 | ~o | € 10° 00° |
| Office Address: | 155 Office Plaza Drive, Stc A | _ | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | March: H | • |
| | Tallahassee | , Florida 32301 (Zip code) | 全部 | | |
| | | (Zip code) | ÜÀ | 9 | |
| Registered agent's accep | tance: gistered agent and to accept service of process for th | e above stated limited liabili. | ty company | at the | place |
| designated in this applica | tion, I hereby accept the appointment as registered a | gent and agree to act in this | capacity. | I furthe | er agree |
| | ons of all statutes relative to the proper and complete my position as registered agent. | r performance of my duties, i | and Lam fe | miliar | with and |
| uccept the obligations of t | 10110 and Care and | . ^ | | | |
| | Ollanie Case asst (Registered agent's signature) | · ACC. | | | |
| | | | | | |
| · | neity and address of the person(s) who has/have author | rity to manage is/are: | | | |
| MSR II, L.P MGRM | | | | | |
| 5001 Plaza on the Lake, S | uite 200 | | | | |
| Austin, TX 78746 | | | | | |
| | | on the state of Control bearing on | saturdir of m | | |
| jurisdiction under the law | of existence, no more than 90 days old, duly authentic of which it is organized. (If the certificate is in a foreign | gn language, a translation of t | lic certifica | ite unde | r oath |
| of the translator must be st | | | | | |
| | Copy gette | | | | |
| | Signature of an authorized perso | n | | | |
| This document is executed submitted in a document to | I in accordance with section 605.0203 (1) (b), Florida to the Department of State constitutes a third degree felority | Statutes. I am aware that any toony as provided for in s.817.1 | false inform 55, F.S. | nation | |
| | Joseph V Gatti | | | | |
| | Typed or printed name of signee | | | | |

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FIREBIRD SFE I, 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 TWELFTH DAY OF JANUARY, A.D. 2016.

Authentication: 201661977

Date: 01-12-16