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Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

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Foreign Limited Liability Company EREP Jacaranda Plaza I, LLC Certificate of Status

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3/8/2016 9:14:30 AM From: To: 8506176383( 2/3 )

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

IN COMPILANCE 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:

EREP Jacaranda Plaza	I, LLC	
(Name of Fore	eign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "Li	.C.")
Liability Company," "L.L.C.	Iternate name adopted for the purpose of transacting business in Florida. The alternate name nor "CLC.")	nust include "Limited
2. Delaware	3.	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)	
4.	(Date first transacted business in Florida, if prior to registration.)	
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 515 Congress Ave., Su	ite 1925	
Austin, Texas 78701		
	(Street Address of Principal Office)	
6. 515 Congress Ave., Su	ite 1925	
Austin, Texas 78701		
_ ··	(Mailing Address)	
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	C T Corporation System	
Office Address:	1200 South Pine Island Road	29
	Plantation Florida 33324	
	(City) (Zip ende)	77
Registered agent's accep	tance: gistered agent and to accept service of process for the above stated limited liability	commany of the place
designated in this applica	tion. I hereby accept the appointment as registered agent and agree to act in this c	apacity. I fyrther agree
to comply with the provision	ons of all statutes relative to the proper and complete performance of my duties, u	id Pam familli <del>an</del> with ai
accept the obligations of i	my position as registered agent.  CT Corporation System A R	4.7
	By:	50
	(Registered agent's signature) (Regi	
8 The name, title or capa	ncity and address of the person(s) who has/have authority to manage is/are:	
	ent, 515 Congress Ave., Suite 1925, Austin, Texas 78701	
Jason Maddox, Vice Presi	ident, 515 Congress Ave., Suite 1925, Austin, Texas 78701	
	ident, 515 Congress Ave., Suite 1925, Austin, Texas 78701	<del></del>
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be st</li> </ol>	of existence, no more than 90 days old, duly authenticated by the official having cus of which it is organized. (If the certificate is in a foreign language, a translation of the abmitted)	ody of records in the certificate under oath
	Signature of an authorized person	
This document is executed	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any factors the Domestown of Statute appetitude as third degree fallow as provided for in \$ 817.15	se information
suomintea in a document to	the Department of State constitutes a third degree felony as provided for in s.817.15.  Jason Maddox, Vice President	r, , .u.
	THE PARTY OF THE P	

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 "EREP JACARANDA PLAZA 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 SEVENTH DAY OF MARCH, A.D. 2016.

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

at corp delaware gov/aut

Authentication: 201943269

Date: 03-07-16

5977428 8300 SR# 20161528273

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