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_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 080351 7452534 AUTHORIZATION COST LIMIT : (\$ 125.00 ORDER DATE: March 28, 2016 ORDER TIME : 10:24 AM ORDER NO. : 080351-005 CUSTOMER NO: 7452534 FOREIGN FILINGS NAME: S-H THIRTY-FIVE OPCO -OPERATOR, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY

EXAMINER:

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:

(Name of Fo	reign Limited Liability Company; mu	st include "Limited Liability Company," "L.L.C.," o	r "LLC.")
(If name unavailable, enter a	alternate name adopted for the purpos	e of transacting business in Florida. The alternate na	me must include "Limited
2. Delaware		3. 20-8671268	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	;}
4			
	(Date first transacted busine (See sections 605.0904 & 605.	ess in Florida, if prior to registration.) .0905, F.S. to determine penalty liability)	_
5. 1920 Main Street, Sui			
Irvine, CA 92614			_
<u>.</u>	(Street Address of I	rincipal Office)	_
6. 1920 Main Street, Suit		•	16 SE
Irvine, CA 92614			
177.10, 071 72014	(Mailing A	Address)	- 250 N LLL
7 Name and street address	ss of Florida registered agent: (P.	•	SS 6
	SS of Florida registered agent: (F. Corporation Service Company	O. Box NOT acceptable)	
Name:			34 7
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	Tr. Tr.
Registered agent's accep	(City)	(Zip code)	_
designated in this applicate to complywith the provisi	ation, I hereby accept the appoints ons of all statutes relative to the party position as registered agent. Corporation Service Company By:	M. Jest Malin 7	is capacity. I further agree s, and I am familiar with an
	(Registe	and affect a difference,	·
8. The name, title or capa	acity and address of the person(s)	Asst. Vice Pr who has/have authority to manage is/are:	esident
S-H Thirty-Five OpCo Vo	entures, LLC, its managing memb	er ·	
1920 Main Street, Suite 1	200		
Irvine, CA 92614			
9. Attached is a certificate jurisdiction under the law of the translator must be st	of which it is organized. (If the ce	vs old, duly authenticated by the official having rtificate is in a foreign language, a translation of	custody of records in the f the certificate under oath
	Signature o	of an authorized person	-
This document is executed submitted in a document to	in accordance with section 605.02 the Department of State constitut	203 (1) (b), Florida Statutes. I am aware that any es a third degree felony as provided for in s.817	y false information

Kendall K. Young, Executive Vice President

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 "S-H THIRTY-FIVE OPCO - OPERATOR, 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 MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "S-H THIRTY-FIVE OPCO - OPERATOR, LLC" WAS FORMED ON THE NINETEENTH DAY OF MARCH, A.D. 2007.

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

16 MAR 29 AH II: III
SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

Authentication: 202054282

Date: 03-28-16