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J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 089102 7483879

AUTHORIZATION: Smill Com

COST LIMIT : \$ 125.00

ORDER DATE: April 4, 2016

ORDER TIME : 3:40 PM

ORDER NO. : 089102-010

CUSTOMER NO: 7483879

FOREIGN FILINGS

NAME: A3 OFFICE DEVELOPMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

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:

COMPANY TO TRANSACT BU	ISINESS IN THE STATE OF FLORIDA:		
A3 Office Developmen	t, LLC		
	eign Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.,	or "LLC.")
2.5			
Liability Company," "L.L.C,"			name must include "Limited
2. Delaware	3. pendi	ng	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applica	ble)
4. upon qualification			
	(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. to c	f prior to registration.)	<u> </u>
5. 4000 Island Boulevard		,, ,, ,, ,, ,, , , , , , , , , , , , , , , , , , , ,	
Aventura, FL 33160	(Street Address of Principal Office		<u> </u>
6. 4000 Island Boulevard,		?)	
b			
Aventura, FL 33160			7ATE 08
	(Mailing Address)		31:+
7. Name and street address	s of Florida registered agent: (P.O. Box NO)	_acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
Office Address.	Tallahassee	32301	
	(City)	, Florida 32301 (Zip code)	
Registered agent's accep	tance:	` .	
	gistered agent and to accept service of procestion, I hereby accept the appointment as regi		
to complywith the provisi	ons of all statutes relative to the proper and c	omplete performance of my du	ities, and I am familiar with an
accept the obligations of i	my position as registered agent.	Co	ourtney Williams
	- Carrier VV	As	st. Vice President
	(Régistered agent's si	gnature)	
8. The name, title or capa	acity and address of the person(s) who has/hav	e authority to manage is/are:	
TG CO Management, Inc.	, Manager		
4000 Island Boulevard, Pl	H-2		
Aventura, FL 33160			THE PROPERTY OF THE PROPERTY O
9. Attached is a certificate jurisdiction under the law of the translator must be so	***	a foreign language, a translatio	ing custody of records in the
	Pickl Fell Signature of an authoriz	ed person	
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (b), I be the Department of State constitutes a third de	Florida Statutes. I am aware that	any false information
		or a record no brokiden for Hills.	· · · · · · · · · · · · · · · · · · ·

Typed or printed name of signee

Richard Feldman

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "A3 OFFICE DEVELOPMENT, 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 SIXTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "A3 OFFICE DEVELOPMENT, LLC" WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2016.

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

STATE OF THE PARTY OF THE PARTY

Authentication: 202105110

Date: 04-06-16

6007633 8300 SR# 20162119531