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<u>new kilangs</u>	AMENDMENTS 9	ु ु अप
Profit  Not for Profit  Limited Liability  Domestication  Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Metger	
OTHER HLINGS	BEGISTRATION/OUALIFICATION	
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CRIE031(7/97)

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

	TION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ISINESS INTHE STATE OF FLORIDA:	LIMITED LIABILITY
930 FERN, LLC		
	ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting business in Florida. The alternate name must in or "LLC.")	clude "Limited
2. Delaware	3.	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)	<del></del>
4.		· :
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. c/o Westrock Develops	ment LLC, 440 Mamaroneck Avenue, Suite N-503, Harrison, NY 10528	
<del></del>	(Street Address of Principal Office)	
c/o Westrock Developn	ment LLC, 440 Mamaroneck Avenue, Suite N-503, Harrison, NY 10528	
0		
	(Mailing Address)	
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	NRAI Services, Inc.	
Office Address:	1200 South Pine Island Road	
•	Plantation , Florida 33324	
Danistana d	(City) (Zip code)	
designated in this applicate to complywith the provision	gistered agent and to accept service of process for the above stated limited liability compion, I hereby accept the appointment as registered agent and agree to act in this capacions of all statutes relative to the proper and complete performance of my duties, and I a my position as registered agent.	tv. I further agree
	By: NRAI Services, Inc. July Jan, Novi, Sa	
•	(Registered agent's signature)	SS ~ [
8. The name, title or capa	city and address of the person(s) who has/have authority to manage is/are:	
Armesha L. Bell, Assistan	t Vice President	
IPX1031® / Investment P	roperty Exchange Services, Inc 10 South LaSalle Street, 31st Floor Chicago, IL 60603	_ (5 <sup>2</sup> )
		- DA 34
jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly authenticated by the official having custody of which it is organized. (If the certificate is in a foreign language, a translation of the certificate)  Signature of an authorized person  in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false in	ificate under oath
submitted in a document to	the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Jennifer A. Lofaro	онианоп

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "930 FERN, 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-FIRST DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "930 FERN, LLC"

WAS FORMED ON THE NINETEENTH DAY OF APRIL, A.D. 2016.

Authentication: 202192554

Date: 04-21-16

6020481 8300 SR# 20162477924

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