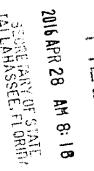
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K. SALY EXAMINER

APR 29

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195
110000111		•	TD000000177

REFERENCE: 114049 4304335

AUTHORIZATION :

COST LIMIT : \$130.00

ORDER DATE: April 22, 2016

ORDER TIME : 12:55 PM

ORDER NO. : 114049-005

CUSTOMER NO: 4304335

FOREIGN FILINGS

NAME: SENYAR MIAMI HOLDING, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

APPLICATION BY FOREIGN LIMITED LÍABILITY 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 ILABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. <u>Senyar Miami Holding, L</u> (Name of Fore	LC ign Limited Liability Company	; must include "Limited Li	ability Compa	ny," "L.L.C.," or	"LLC.")	
(If name unavailable, enter alt Liability Company," "L.L.C,"	ernate name adopted for the pu or "LLC.")	rpose of transacting busine	ess in Florida.	The alternate nan	ne must include "Limited	
2. Delaware (Jurisdiction under the law company is organized)	of which foreign limited liabilit	3. <u>81-1811945</u>	(FEI numl	oer, if applicable))	
4. Upon qualification		usiness in Florida, if prior to 605.0905, F.S. to determine			_	
5. 9703 Collins Avenue						
Bal Harbor, FL 33154	(Classif Addison	- CDiricinal COT			2016 APR 28	でこの
(a=aa a	(Street Addres	s of Principal Office)			1 2 2 X	1
6. 9703 Collins Avenue						m
Bal Harbor, FL 33154					AK 8: 18	C
	(Mai	ling Address)			9F 6:	
7. Name and street address	of Florida registered agent:	(P.O. Box NOT accep	table)		E 00	
Name:	Corporation Service Compa	any	_		·	
Office Address:	1201 Hays Street					
	Tallahassee		, Florida	32301		
	(City	y)	,,,,,,,,,,,,,,	(Zip code)	_	
designated in this applicate to complywith the provisio	ristered agent and to accept ion, I hereby accept the app ns of all statutes relative to ny position as registered age	ointment as registered a the proper and complet	igent and agi e performand	ree to act in thi. ce of my duties,	is capacity. I further ag	gree
8. The name, title or capac	city and address of the perso	n(s) who has/have autho	rity to manag	e is/are:		
Maha Jadallah-Harper Sec	retary 9703 Collins Ave., Ba	l Harbour, FL 33154				
	ing Director 9703 Collins Av		54			
on the same of the		a, partial boar, re sse.	, , , , , , , , , , , , , , , , , , , 		 	
•	Sign	ature of an authorized person	on			
This document is executed submitted in a document to	in accordance with section 6 the Department of State con	05.0203 (1) (b), Florida stitutes a third degree fel	Statutes. I am ony as provid	aware that any led for in s.817.	false information 155, F.S.	
	Maha Jadallah-Harper				_	

Typed or printed name of signee

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SENYAR MIAMI HOLDING, 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 TWENTIETH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SENYAR MIAMI HOLDING, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2016.

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

2016 APR 28 AM 8: 18

Authentication: 202183096

Date: 04-20-16

5966376 8300

SR# 20162437008

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