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Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

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Foreign Limited Liability Company GREENRIDGE PHX LLC

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORESCY. LIMITED LIABILITY COMPANY TO TRANSACT BLEENESS IN THE STATE OF FLORIDA: GREENRIDGE PHX LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Linbility Company," "L.L.C." or "LLC.") DELAWARE Jurisdiction under the law of which threign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 853 BROADWAY FLOOR 5 NEW YORK, NY 10003 (Street Address of Principal Office) 3500 SOUTH DUPONT HIGHWAY DOVER, DE 19901 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) INCORPORATING SERVICES, LTD. Name: 1540 GLENWAY DRIVE Office Address: Plorida 32301 TALLAHASSEE (City) Registered agent's acceptance: Having been named as registered agant and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agant and agree to act in this capacity. I further agree to complyivith the provisions of all viatutes relative to the proper and complete performance of my duties, and I am fundlies with and accept the obligations of any position as registered agent. Assistant Secretary (Registered agent's signature) 3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: LAPAYETTE HOUSING RECOVERY II LLC, MANAGER 853 BROADWAY PLOOR 5 NEW YORK, NY 10003 9. Attached is a cartificate of existence, no more than 90 days old, duly authenticated by the official having outlody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) ure of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in #817.155, F.S.

Typed or printed name of signor

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GREENRIDGE PHX 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 THIRTY-FIRST DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREENRIDGE PHX LLC" WAS FORMED ON THE THIRD DAY OF APRIL, A.D. 2012.

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

Authentication: 202406505

Date: 05-31-16

5134660 8300 SR# 20164087496