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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for firture annual report mailings. Enter only one email address please.**

Email Address:___

Foreign Limited Liability Company Waypoint Management Services, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
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COVER LETTER

| TO: | Registration Section Division of Corporatio | ns | | | | | |
|-----------|--|--|------------------------------------|--|---|---|--|
| er ite ri | Waypoint Manager | ment Services, LLC | | | • | | |
| 20001 | EC1: | | Limited Liability (| Company | | | |
| | | | | | nsact Business in Florida," Certific company to transact business in F | | |
| Please | return all correspondence | concerning this matter to the | following: | | | | |
| | Rebecca Willis | 9 | | | | | |
| | | N | ame of Person | | | | |
| | Waypoint Res | idential | | | | | |
| | <u> </u> | F | irm/Company | | | | |
| | 3475 Piedmont Road NE, Suite 1640 | | | | | | |
| | | <u> </u> | Address | | | | |
| | Atlanta, GA 30 | 0305 | | | | | |
| | | City/S | tate and Zip Code | ····· | , | | |
| | rwillis@waypoi | ntresidential.com | | | | | |
| | | E-mail address: (to be use | d for future annual | report not | ification) | | |
| For fur | ther information concerning | ig this matter, please call: | | | | | |
| | Rebecca Willis | | 770 at (| 817-59 | 50 | | |
| | Name o | of Contact Person | Area Code | Day | time Telephone Number | | |
| | MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassoe, FL 32314 | | | Division Registrat Clifton B 2661 Exe | ADDRESS: of Corporations ion Section uilding cutive Center Circle see, FL 32301 | | |
| Enclose | ed is a check for the follow \$125.00 Filing Fee | ving amount: \$\infty\$ \$130.00 Filing Fee & Certificate of Status | □ \$155,00 Filin Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy | e | |

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Waypoint Management | | | | |
|---|---|---------------------------|-------------------------------|--|
| (Name of Fore | ign Limited Liability Company; must | include "Limited Liab | lity Company," "L.L.C.," or | "LLC.") |
| N/A | | | | |
| Liability Company," "L.L.C," | ernate name adopted for the purpose or "LLC.") | of transacting business | in Florida. The alternate na. | me must include "Limited |
| 2. Delaware | | 3. Applied for | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | - | (FEI number, if applicable | |
| NI/A | | | | ACE |
| 4. 108 | (Date first transacted busines | s in Florida, if prior to | egistration.) | |
| 2200 44 | (See sections 605.0904 & 605.0 | 1905, F.S. to determine | penalty (lability) | |
| 5. 2200 Atlantic Street, S | ште 520 | | | -88 - 1 |
| Stamford, CT 06902 | | | | P T |
| · · · · · · · · · · · · · · · · · · · | (Street Address of Pr | rincipal Office) | | التي مسو |
| 6. 3475 Piedmont Road N | E, Suite 1640 | | | man a seal |
| Atlanta CA 20305 | | | | |
| Atlanta, GA 30305 | (Mailing A | ddr.co) | | |
| | , - | • | | |
| Name and street addres | s of Florida registered agent: (P.C | D. Box <u>NOT accepte</u> | ble) | |
| Name: | C T Corporation System | | | |
| Office Address. | 1200 South Pinc Island Road | | | |
| Office Address: | | | . 22104 | • |
| | Plantation | | , Florida 33324 | |
| Registered agent's accep | (City) | | (z.ip code) | |
| Having been named as re | gistered agent and to accept servi | ice of process for the | above stated limited lla | bility company at the place |
| designated in this applica | tion, I hereby accept the appoints ons of all statutes relative to the p | ment as registered at | ent and agree to act in t | his capacity. I further agree es and I am familiar with an |
| accept the obligations of t | my position as registered agent. | A : | perjormance of my man | A HILL THE PARTY OF THE PARTY O |
| | C T Corporation Sy | stem Comme | Bus- | |
| | | ered agent's signature) | 4 Regi | _ |
| | | | | |
| • | acity and address of the person(s) | who has/have author | ity to manage is/are: | |
| Waypoint Management H | oldings, LLC - Member | | | denti- |
| 3475 Piedmont Road NE, | Suite 1640 | | | |
| Atlanta, GA 30305 | | | | |
| | | | | |
| 9. Attached is a certificate | of existence, no more than 90 day | ys old, duly authentic | ated by the official havin | g custody of records in the |
| of the translator must be s | of which it is organized. (If the co | rtificate is in a foreig | n language, a translation | of the certificate under oaut |
| | Losens | Self | | |
| | · · · · · · · · · · · · · · · · · · · | of an authorized person | | |
| | - | | | |
| | l in accordance with section 605.0 the Department of State constitute. | | | |
| saomineu in a document k | Thomas S. Reif | res a mura deRico isir | my as provided for this.o. | k rykwwy kiewe |
| | | rinted name of signec | | _ |
| | r Aben or b | imien name of siRucc | | |

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "WAYPOINT MANAGEMENT SERVICES, 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 FIRST DAY OF JUNE, A.D. 2016.

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

2016 JUN -1 PH 5: 32

Authentication: 202412345

Date: 06-01-16

6039579 8300 SR# 20164192132

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