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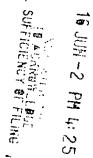
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FALL ARASSET FLORIDA





J. HARRIE

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 137417 7495468

AUTHORIZATION : Smell BCC 12.

COST LIMIT : \$/125.00

ORDER DATE: May 10, 2016

ORDER TIME : 1:30 PM

ORDER NO. : 137417-040

CUSTOMER NO: 7495468

FOREIGN FILINGS

NAME: ARBOR MULTIFAMILY LENDING,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

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:

1. Arbor Multifamily Len (Name of Fore	eign Limited Liability Company; must include "Limited	Liability Company,""L.L.C.," or "L	.LC.")		
(If name unavailable, enter al Liability Company," "L.L.C."	iternate name adopted for the purpose of transacting bu	siness in Florida. The alternate name	must include	"Limite	d
2. Delaware	3. 81-19193	199			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	·		
4. Upon filing					
222 Faula Onimatas Pl	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to deter	or to registration.) mine penalty liability)			•
5. 333 Earle Ovington Bl	vu., Suite 900				
Uniondale, NY 11553	(Street Address of Principal Office)				
6. 333 Earle Ovington Blv					
6. 333 Latte Ovington Bit	7d., June 700		Æρ	C.,	
Uniondale, NY 11553			-0	نـــــ	N # B
***************************************	(Mailing Address)			22	ي يا د جد دد
7. Name and street addres	s of Florida registered agent: (P.O. Box <u>NOT</u> ac	ceptable)	22	2	į. v.
Name:	Corporation Service Company		ing.)
Office Address:	1201 Hays Street		- SIX	င္ပ်ာ	
	Tallahassee	Florida 32301	5E	58	
	(City)	(Zip code)	-		
designated in this applicati to complywith the provision	gistered agent and to accept service of process fortion, I hereby accept the appointment as register ons of all statutes relative to the proper and company possing as registered agent. Corporation Service Company By:	ed agent and agree to act in this	capacity. I f	further	agree
	(Registered agent's signat	ure) Janet Budhu, Asst. Vice Pr	ecidont		
8 The name title or cana	icity and address of the person(s) who has/have au	•	13IDCIII		
·	LC, 333 Earle Ovington Blvd., Suite 900, Union				
Trombol record ripino, E	Joe, 333 Barre of Migration Strain, Barrie 701, Grand		 .		
	of existence, no more than 90 days old, duly author which it is organized. (If the certificate is in a fabritted) Signature of an authorized p	oreign language, a translation of the			
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Flor the Department of State constitutes a third degree	ida Statutes. I am aware that any fi felony as provided for in s.817.1:	alse informat 55, F.S.	ion	
G	regary Marcus Authorized Person				

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 "ARBOR MULTIFAMILY LENDING, 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-SIXTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARBOR MULTIFAMILY LENDING, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2016.

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

Authentication: 202392067

Date: 05-26-16