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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 201228 7814304

AUTHORIZATION :

COST LIMIT : \$\int_125.00

ORDER DATE : July 1, 2016

ORDER TIME : 3:10 PM

ORDER NO. : 201228-015

CUSTOMER NO: 7814304

FOREIGN FILINGS

NAME: CH RETAIL FUND I/ORLANDO

GATEWAY, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

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. CH Retail Fund I/Orlan				
(Name of Fore	ign Limited Liability Cor	mpany; must include "Limite	d Liability Company," "L.I	C.," or "LLC.")
If name unavailable, enter al		the purpose of transacting b	usiness in Florida. The alter	nate name must include "Limited
Delaware	,	2		
(Jurisdiction under the law company is organized)	of which foreign limited l	liability 3.	(FEI number, if ap	plicable)
ر ماسانع) , 2016				
	(Date first transa (See sections 605.0)	ncted business in Florida, if p 1904 & 605.0905, F.S. to dete	rior to registration.)	
3819 Maple Avenue, I				
	(Street /	Address of Principal Office)		Charles Control
3819 Maple Avenue, D		, ,		
/·				TO STATE OF
·······		(Mailing Address)		177
				m m
. Name and street addres	s of Florida registered	agent: (P.O. Box NOT a	cceptable)	
Name:	Corporation Service	Company	-	A II: 16 OF STATE
Office Address:	1201 Hays Street		·	ADA TE
	Tallahassee		, Florida 32301	
		(City)	(Zip o	code)
lesignated in this applica	gistered agent and to a tion, I hereby accept th ons of all statutes relat	he appointment as registe tive to the proper and con red agent.	red agent and agree to a uplete performance of m	ted liability company at the place not in this capacity. I further agre ny duties, and I am familiar with a Courtney Williams Asst. Vice Presider
R The name title or con-	acity and address of the	e person(s) who has/have a		
Retail Managers I, L.L.C.	•	• • • • • • • • • • • • • • • • • • • •	dunority to manage is/art	. .
(MANAGER)	,			an manualiti co co co co co co
(MANAGER)				
	of which it is organized ubmitted)		foreign language, a trans	having custody of records in the slation of the certificate under oath
This document is executed submitted in a document to	d in accordance with second the Department of Sta	ection 605.0203 (1) (b), Floate constitutes a third degree	orida Statutes. I am aware	e that any false information
	•	Vice President of Retail N	• •	·

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 "CH RETAIL FUND I/ORLANDO GATEWAY,

L.L.C." 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 JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH RETAIL FUND I/ORLANDO GATEWAY, L.L.C." WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2016.

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

6073253 8300

SR# 20164755071

Authentication: 202597379

Date: 07-01-16

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