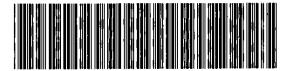
## MIL000005329

(Re	questor's Name)	
/A al	dro and	
(Add	dress)	
(Add	dress)	
V	<b>,</b>	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



800287201448

16 JUL - 1 AH 11: 11

THE JULY OF STATE

**S Warren**JUL 0 5 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 199080 7585068

AUTHORIZATION : Small Bloma

COST LIMIT : \$/160.00

ORDER DATE: June 30, 2016

ORDER TIME : 10:10 AM

ORDER NO. : 199080-010

CUSTOMER NO: 7585068

## FOREIGN FILINGS

NAME: HUH DI/OCP CROSSLANDS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX 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. HUH DI/OCP CRO				
(Name of Fore	eign Limited Liability Company; must include "Li	mited Liability Company," "L.L.	.C.," or "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose of transactin	g business in Florida. The altern	nate name must incl	ude "Limited
2 Delaware		lied for		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if app	licable)	<del></del>
4	(Date first transacted business in Florida,	if prior to registration		
	(See sections 605.0904 & 605.0905, F.S. to	determine penalty liability)		
5. c/o The Hampshire Co	mpanies			
22 Maple Avenue, Mo	rristown, New Jersey 07960		n n	
	(Street Address of Principal Office	e)	20 50 Su	
6. c/o The Hampshire Cor	npanies		30000	Contraction of the Contraction o
22 Maple Avenue, Mo	rristown, New Jersey 07960			m
	(Mailing Address)			-
7. Name and street addres	s of Florida registered agent: (P.O. Box NO	T acceptable)	A II:	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			.*)
	Tallahassee	, Florida 32301		
	(City)	, Florida(Zip co	ode)	
designuted in this application to comply with the provision to the provision of the provisi	gistered agent and to accept service of proce tion, I hereby accept the appointment as regions of all statutes relative to the proper and a my position as registered agent. Corporation Service Company By:	istered agent and agree to accomplete performance of my Sound alout V.P.	ct in this capacity.  duties, and I am	I further agree
	Doreen S. Haeselin, Asst. V.P.	ignature)		
8. The name, title or capa	acity and address of the person(s) who has/hay			
	NDS JV 2016, LLC, Manager	to manage 15 are.		
c/o The Hampshire Comp	<del>-</del>			
22 Maple Avenue, Morris	town, New Jersey 07960			
	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is insumitted)			
	By: /s/Mark S. Rosen			
	Signature of an authoriz	zed person	<del></del>	
	in accordance with section 605.0203 (1) (b), the Department of State constitutes a third de			mation
	Mark S. Rosen			

Typed or printed name of signee

Page 1

## <u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "HUH DI/OCP CROSSLANDS, 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 THIRTIETH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUH DI/OCP

CROSSLANDS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D.

2016.

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

a at corn delaware gov/aut

Authentication: 202586914

Date: 06-30-16