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Foreign Limited Liability Company MARIPOSA PLAZA, LLC

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8/5/2016



August 11, 2016

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

C T CORPORATION

SUBJECT: MARIPOSA PLAZA, LLC

REF: W16000055768

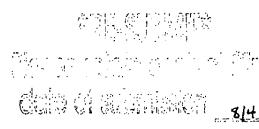
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Dionne M Scott Regulatory Specialist II Registration Section

FAX Aud. #: H16000191445 Letter Number: 816A00016967





August 5, 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: MARIPOSA PLAZA, LLC

REF: W16000054235

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Matthew T Moon Regulatory Specialist II New Filing Section FAX Aud. #: B16000190233 Letter Number: 316A00016504

FALLEY ASSTURED.

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

	ION 608.0902, FLORIDA STATUTES, THE FOILIOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY INVESS INTHE STATE OF FLORIDA:
i,	Mariposa Plaza, LLC
(Wame of Toke)	go Kindochtability Company; must include "Isimfied Liebility Company;" "Lake," or "Life,")
(If name unavailable, enter alte Liability Company," "L.L.C,"	mate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited or "LLC.")
2. Dola (ware 3, (FEI number, If applicable)
4	The first transacted howness in Florida Rivers to maintention
	(Dute first transacted business in Florida, If prior to registration.) (See accident 605.0904 & 605.0905, P.S. to determine penalty liability)
5;	1111 Kane Concourse, Suite 502
<u></u>	(See accions 605.0904 & 605.0905, F.S. to determine penulty liability) 1111 Kane Concourse, Suite 502 Bay Harbour Islands, FIs. 38154 (Street Address of Physical Other)
6	- 1111 Kane Concourse, Suite 502
	Bay Harbour Islands: FL 33454
7. Name and street-address	of Florida registered agent: (P.O. Box NOT acceptable)
Name:	NRAI Services, Inc.
Office Address:	1200 South Pine Island Road
a	Plantation , Florida 33324 (City) (Zip code)
designated in this application to complywith the provision	nce: stered agent and to accept service of process for the above stated limited liability company at the place on, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree s of all singutes relative to the proper and complete performance of my duties, and I am familiar with and position as registered agent. Angel Nunez Registered agent's signal ASSISTANT Secretary
8. The name, title or capaci	ty and address of the person(s) who has/have authority to manage is/are:
•	r. LLC, Manager, 1111 Kane Concourse, Suite 502, Bay Harbour Islands, FL 33154.
9. Attached is a certificate of jurisdiction under the law of of the translator must be sub	oxistence, no more than 90 days old, duly authenticated by the official having custody of records in the which it is organized. Which certificate is in a foreign language, a translation of the certificate under oath nitted. Signature of an authorized person
This document is executed in submitted in a document to the	accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information to Department of State constitutes a third degree felony as provided for in a.817.155, F.S.
_	Noemi Romero, Attilitorizeti Person

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "MARIFOSA PLAZA, 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 THIRD DAY OF AUGUST, A.D. 2016.

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

2016 AUG 4 AM ICE 19

6114409 8300

SR# 20165219223

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

Jertray W. Bullinco, Secretary of State

Authentication: 202771898

Date: 08-03-16