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CT CORP C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

| | Date: 10-6-16 |
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| | ACCT. 120160000072 June Dan |
| Name: | Parkway Orlando manager LLC |
| Document #: | |
| Order #: | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: | Please file 2nd |
| Apostille/Notarial Certification: | Country of Destination: Number of Certs: |
| Filing: | Certified: Plain: COGS: |
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Thank you!

COVER LETTER

| TO: | Registration Section Division of Corporat | ions | | | | | | |
|------------------------|--|--|--|--|------------------------------------|----------------------------|----------------------|------------------|
| SUBJEC | Parkway Orlando | Manager, LLC | | | | | | |
| SOBJEC | | Name of | Limited Liability | Company | | | | |
| The encle Existence | osed "Application by I e, and check are submi | Foreign Limited Liability Con Ited to register the above refe | npany for Authoriza renced foreign limi | ation to Trai | nsact Business i company to tra | n Florida," nsact busin | Certific ess in F | ate of lorida |
| Please re | eturn all correspondenc | e concerning this matter to the | c following: | | | | | |
| | Elizabeth M | . Hamelin, Senior Paralegal | | | | | | |
| | | | Name of Person | | | | | |
| | Hogan Love | lls, US LLP | | | | | | |
| | Firm/Company | | | | | | | |
| | 555 13th Str | eet NW | | | | | | |
| | | | Address | | | | | |
| | Washington, | DC 20004 | | | | | | |
| | | City/s | State and Zip Code | | | | | |
| | | | | | | $\Sigma_{\mathbb{R}}$ | 2016 | |
| For furth | er information concern | E-mail address: (to be use ing this matter, please call: | ed for future annua | l report noti | fication) | AHA | 130 130 | Edital Syrus, of |
| | Beth Hamelin | | 202 at (| 637-688) | | <u></u> | - U | |
| | Name | e of Contact Person | Area Code | Dayt | ime Telephone | Number | - | |
| | MAILING ADDRES Division of Corporatio Registration Section P.O. Box 6327 Tallahassee, FL 32314 | ns | | Division o Registratio Clifton Bu 2661 Exec | | Carrier of the second | <u>း</u> | |
| | is a check for the folk ☐ \$125.00 Filing Fee | owing amount: \$130.00 Filing Fee & Certificate of Status | S155.00 Filir Certified Copy | _ | ■ \$160.00 Fili of Status & Ce | | | |

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. Parkway Orlando Mana (Name of Fore | ager, LLC ign Limited Liability Company; must include "L | imited Liability Company." "L.L.C.," o | r "LLC.") | |
|--|---|---|----------------------------------|-----------------------|
| | ternate name adopted for the purpose of transacti | | <u></u> | |
| Liability Company," "L.L.C," | | ng business in Florida. The alternate ha | me musi menude | Limited |
| 2. Delaware | _ 3. _ | | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable | :) | |
| 4. Upon filing. | | | | |
| - | (Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to | , if prior to registration.) | | |
| 5. | • | • | | |
| | | | _ | |
| 390 N. Orange Avenue | , Suite 2400, Orlando, FL 32801 (Street Address of Principal Off | ina) | _ | |
| , | • | • | | |
| | - C. '(- 0400 O.L Et. 3300) | | ; | |
| 390 N. Orange Avenue | e, Suite 2400, Orlando, FL 32801 (Mailing Address) | | -29 29 | |
| | • | | \(\frac{1}{2}\) | |
| 7. Name and street address | <u>is</u> of Florida registered agent: (P.O. Box <u>NC</u> | <u>)T</u> acceptable) | | A SATABASE |
| Name: | C T Corporation System | | 6 | ξ ; «••۴~•¶ |
| Office Address: | 1200 South Pine Island Road | | T TO | |
| | Plantation | , Florida 33324 | | · · · |
| | (City) | (Zip code) | - <u>Fi</u> | |
| designated in this applica- to complywith the provisi- accept the obligations of t | gistered agent and to accept service of proc tion, I hereby accept the appointment as rej ons of all statutes relative to the proper and my position as registered agent. C T Corporation System By: | gistered agent and agree to act in ti | his capacity. If | urther agree |
| | (Registered agent's | signature) | | |
| 8. The name, title or capa | icity and address of the person(s) who has/ha | ive authority to manage is/are: | | |
| A. Noni Holmes-Kidd, Vi | ce President and Senior Counsel | | | |
| 390 N. Orange Avenue, S | uite 2400, Orlando, FL 32801 | | | |
| | | | <u>-</u> | |
| | of existence, no more than 90 days old, duly of which it is organized. (If the certificate is ubmitted) | | | |
| | Signature of an author | ized persoft | | |
| This document is executed submitted in a document to | I in accordance with section 605.0203 (1) (b) the Department of State constitutes a third of | , Florida Statutes. I am aware that ar legree felony as provided for in s.81 | ny false informat 7.155, F.S. | ion |
| | A. Noni Holmes-Kidd | | _ | |
| | Typed or printed name | ofsignee | _ | |

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PARKWAY ORLANDO MANAGER, 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 FIFTH DAY OF OCTOBER, A.D. 2016.

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

Authentication: 203113085

Date: 10-05-16