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COVER LETTER

TO:		ation Section n of Corporation	S				
SUBJE		F Avalon Park Bo	ulevard CMPI, LLC				_
		Name of Limited Liability Company				,	
The end Existend	losed "A cc, and cl	pplication by Fore seck are submitted	eign Limited Liability Comp I to register the above refer	cany for Authoriza enced foreign limi	ation to Tra ited liabilit	ansact Business in Florida," y company to transact busin	Certificate of less in Florida
Please r	cturn all	correspondence c	oncerning this matter to the	following:			
		Steven M. Quer	in				
			N	ame of Person	· · · · · · · · · · · · · · · · · · ·		
	Johnson Smith Hibbard and Wildman Law Firm, LLP						
			Fi	rm/Company			
	PO Drawer 5587						
				Address			
	Spartanburg, SC 29304						
			City/S	tate and Zip Code		<u> </u>	
	1	tcorbin@johnson	development,net				
	-		E-mail address: (to be used	i for future annua	report not	lification)	
For furth	ner inform	nation concerning	this matter, please call:				
	Steven	M. Querin		864 at (582-81	21	
		Name of	Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding coutive Center Circle ice, FL 32301			
Enclose		ck for the followi .00 Filing Fec	ng amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	_	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

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: JSF Avalon Park Boulevard CMPI, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. South Carolina (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) upon registration (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 100 Dunbar Street, Suite 400 Spartanburg, SC 29306 (Street Address of Principal Office) PO Box 3524 Spartanburg, SC 29304 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: **Plantation** (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agents signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Martin Karol as Vice President of National Safe Harbor Exchanges, the Sole Member of JSF Avalon Park Boulevard CMPI, LLC. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 60\$.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Martin B. Karol Vice President

Typed or printed name of signee

The State of South Carolina



Office of Secretary of State Mark Hammona

Certificate of Existence

1, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

JSF AVALON PARK BOULEVARD CMPI, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on November 17th, 2016, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Scal of the State of South Carolina this 17th day of November, 2016

Mark Hammond

Mark Hammond, Secretary of State



COVER LETTER

	gistration Section vision of Corporation	15				
SUBJECT:		pulevard CMPI, LLC				
Soppect.		Name of	Limited Liability C	ompany		
The encloses Existence, as	d "Application by For nd check are submitte	eign Limited Liability Comp d to register the above refer	pany for Authorizat enced foreign limit	ion to Tra ed liability	unsact Business in Florida," Certifi company to transact business in I	cate of Florida
Please return	all correspondence o	concerning this matter to the	following:			
	Steven M. Que	rin				
	· · · · · · · · · · · · · · · · · · ·	N	ame of Person			
	Johnson Smith Hibbard and Wildman Law Firm, LLP					
	Firm/Company					
	PO Drawer 5587					
	Address					
	Spartanburg, S	C 29304				
		City/S	tate and Zip Code		<u> </u>	
	tcorbin@johnsor	ndevelopment,net				
		E-mail address: (to be use	for future emual	report not	ification)	
For further i	nformation concernin	g this matter, please call:				
Steven M. Querin		864 at (582-81	21		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	AILING ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassee, FL 32314	ı		Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uliding cutive Center Circle ce, FL 32301	
	s check for the follow \$125.00 Filing Fee	ing amount: \$\mathbb{A}\$ \$130.00 Filing Fee & Certificate of Status	[] \$155.00 Filin	g Fcc &	☐ \$160.00 Filing Fee, Certificat of Status & Certified Copy	:e

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1. JSF Avalon Park Boulevard CMPI, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Ç 2 2				
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpos	e of transacting busines	s in Florida. The alternate name	must include "Limited
2. South Carolina	di EEC.)			
(Jurisdiction under the law company is organized)	of which foreign limited liability	3	(FEI number, if applicable)	
4. upon registration				
**	(Date first transacted busine (See sections 605,0904 & 605	ss in Florida, if prior to	registration.)	
5. 100 Dunbar Street, Sui	•			
Spartanburg, SC 29306				
	(Street Address of	Principal Office)		
6. PO Box 3524				
Spartanburg, SC 29304				
	(Mailing	Address)		
7. Name and street address	s of Florida registered agent: (P	O. Box NOT accept	able)	
Name:	CT Corporation System		_	
Office Address:	1200 South Pine Island Road		-	
	Plantation		, Florida 33324 (Zip code)	
	(City)		(Zip code)	
designated in this application complywith the provision	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. BinDKlahm - Asst. Si (Regist	tment as registered a proper and complete	gent and agree to act in this performance of my duties,	capacity. I further agree and I am familiar with an
9 The same title as seen	acity and address of the person(s)			
*	sident of National Safe Harbor E			
		tenanges, the bote m	omoci (ii	
JSF Avalon Park Bouleva	ird CMPI, LLC.	·—-		· · · · · · · · · · · · · · · · · · ·
	pr//w	·	gn language, a translation of	
This document is executed	i in accordance with section 605.	0203 (1) (b), Florida S	Statutes. I am aware that any	false information
Suomitted in a document to	the Department of State constitu	nes a unito degree leio		.د., ۲.۵۰
	Typed or	printed name of signee	Martin B. Karol Vice President	

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

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Given under my Hand and the Great Seal of the State of South Carolina this 17th day of November, 2016

Mark Hammond

Mark Hammond, Secretary of State