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Division of Corporations

Fax Number

(850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Foreign Limited Liability Company PRCP-Stuart, LLC

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PRCP-Smart, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

	Kathleen Swencki	
	Name of Person Priderock Capital Partners	
	Firm/Company .525 Okeechobee Blvd., Suite 1650	
	West Palm Beach, FL 33401	
	City/State and Zip Code swencki@proplic.com	
	E-mail address: (to be used for future annual ation concerning this matter, please call: Swencki 561 at f	report notification) 653-9332
Division Registrat P.O. Box	Name of Contact Person Area Code C ADDRESS: of Corporations ion Section	Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status

Certified Copy

Tailahassee, FL 32301

of Status & Certified Copy

To:	Page	5	of	(

		Y COMPANY FOR AUTHORIZATION IN FLORIDA THE FOILOWING ISSUBMITTED TO REGISTE	
	SINESS INTHE STATE OF PLORIDA		2014 FOREACHT TARRELES EARDRESS F
I. PRCP-Stuart, LLC			
(Name of For	eign Limited Liability Company: mus	st include "Limited Liability Company," "L.L.C.	" or "LLC:")
(If name unavailable, enter a Liability Company, 14L.L.C.	hernate name adopted for the purpose " or "LLC:")	e of transacting business in Florida. The alternate	name must include "Limited
2. Delaware		3. Applied For	
company is organized)	of which foreign limited liability	(FEI number, if applic	uble)
4. 12/07/16	Data fiert temperatus huniag	ss in Florida. If prior to registration.)	
	(See, sections 605,0904 & 605.)	.0905; F.S. to determine penalty liability)	For S
5. 525 Okeechobee: Blvd.	., Suite 1650		
West Palm Beach, FL	33401		TILEU-8 MINING
·	(Street Address of P	rincipal Office)	- SE O M
6. 525 Okeechobee Blvd.,	Suite 1650		一篇五
West Palm Beach, FL	33401		75 6
	(Mailing A	Address)	- ORE F
7. Name and street addres	s of Florida registered agent: (P.0	O. Box: NOT acceptable)	0,
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 accept the obligations of a	gistered agent and to accept servition, I hereby accept the appoints ons of all statutes relative to the pay position as registered agent, CT-Corporation Sy	ice of process for the above stated limited li	iability company at the place this capacity. I further agree ties, and I am familiar with and N
8. The name, title or capa	city and address of the person(s)	who has/have authority to manage is/arc:	
David Khoury, 525 Okeed	hobee Blvd., Suite 1650, West Pa	alm Beach, FL 33401 Manager	
George Banks, 525 Okeec	hobee Blvd., Suite.1650, West Pa	alm Beach, FL 33401 Manager	
	of which it is organized. (If the cer	es old, duly authenticated by the official havi	
		of an authorized person	
This document is executed submitted in a document to	in accordance with section 605.02 the Department of State constitut	203 (1) (b). Florida Statutes: I am aware that les a third degree felony as provided for in s.f i Z	any false information 317.155, F.S.
	Davido P Typed or pr	Khourzo	

<u>Delaware</u>

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PRCP-STUART, 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 SEVENTH DAY OF DECEMBER, A.D. 2016.

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

TILED WORLSELFLOW

6233833 8300 \$8# 2016696303

SR# 20166963037
You may verify this certificate online at corp.delaware.gov/authver.shtml

JASTERY M. BURBER, SUCCESSARY OF STATE

Authentication: 203468051

Date: 12-07-16

le: 4