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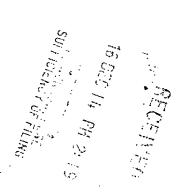
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16 DEC 14 AH 8: 45 Division of dash evaluation

TED



O SIMMONS DEC 15 2016 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 421105 4813885

AUTHORIZATION: Spelle le man

COST LIMIT : \$ 155.00

ORDER DATE: December 14, 2016

ORDER TIME : 1:06 PM

ORDER NO. : 421105-005

CUSTOMER NO: 4813885

FOREIGN FILINGS

NAME: CANOPY CITRUS PARK 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: Melissa Zender -- EXT# 62956

EXAMINER:

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

	TION 605 0902, FLORIDA STATU ISINESS IN THE STATE OF FLOI		S SUBMITTED TO R	REGISTER A FOREIC	GN LIMITED LIABILITY
1	Canop	y Citrus Park LLC			
(Name of Fore	ign Limited Liability Company;	must include "Limited L	iability Company,"	"L.L.C.," or "LLC.")
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the pur	pose of transacting busin	ess in Florida. The a	ilternate name must	include "Limited
2. Delaw		3	Applie	d For	
(Jurisdiction under the law company is organized)	of which foreign limited liability	, <u> </u>	(FEI number, if	fapplicable)	
4.	Up	on registration			
	(Date first transacted bu (See sections 605.0904 &	siness in Florida, if prior 605.0905, F.S. to determi	to registration.) ine penalty liability)		
5. c/o Glenmont Capi	tal Management, LLC	,	, , ,		号
1345 Avenue of the	Americas, 42nd Floor,	New York NY 101	105		DEC T
		of Principal Office)	103		2 0
6. c/o Glenmont Capit	al Management, LLC				
1345 Avenue of the	Americas, 42nd Floor,	New York, NY 10	105		16 DEC 14 AM 8: 45
	(Mail	ng Address)			\$ 97
7. Name and street address	s of Florida registered agent:	(P.O. Box NOT accept	ptable)		ੂੰ ਯ
Name:	Corporation Service Co	ompany			•
Office Address:	1201 Hays Street		<u></u>		
	Tallahassee		, Florida32	301	
Registered agent's accept	(City))		ip code)	
Having been named as reg designated in this applicat to complywith the provision	gistered agent and to accept tion, I hereby accept the app ons of all statutes relative to a my position as registered age Corporation Service Compa By:	ointment as registered the proper and comple nt.	agent and agree to the performance of	o act in this capa I my duties, and I — Melissa Z	city. I further agree am familiar with and Cender
9. The name title on ones				Asst. Vice P	resident
-	city and address of the person foldings LLC, Sole Meir		ority to manage is/	arc:	
c/o Glenmont Capital					
	mericas, 42nd Floor, Ne	ew York, NY 10105	5		<u> </u>
9. Attached is a certificate	of existence, no more than 90 of which it is organized /(If the	days old, duly authent	icated by the offic	ial having custody	of records in the rtificate under oath
	Signal	ture of an authorized pers	on		
This document is executed submitted in a document to	in accordance with section 66 the Department of State cons	35.0203 (1) (b), Florida stitutes a third degree fe	Statutes, I am awa lony as provided fo	are that any false i or in s.817.155, F.	nformation .S.
		A. Kestin, Authori		·	

Typed or printed name of signee

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CANOPY CITRUS PARK 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 FOURTEENTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CANOPY CITRUS"
PARK LLC" WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2016.

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

6241522 8300

SR# 20167074167

Authentication: 203511280

Date: 12-14-16