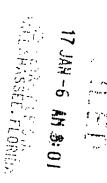
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Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

#### FOREIGN FILINGS

NAME: G&I IX 645 PARK LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

#### **COVER LETTER**

TO:		tion Section of Corporation	•				
SUBJE		I IX 645 Park LI					
			Name of I	imited Liability (	Сотралу		
The end Existen	closed "Ap	plication by Fore	eign Limited Liability Comp I to register the above refere	any for Authoriza need foreign limi	tion to Tra ted liability	ansact Business in Florida," ( y company to transact busine	Certificate of ess in Florida.
Please 1	return all c	orrespondence c	oncerning this matter to the i	following:			
		Indira Negron					
			Na	me of Person			
		DRA Advisors	LLC				
Firm/Company							
		220 E. 42nd Str	eet, 27th Floor				
				Address			
		New York, New	York 10017				
			City/St	ate and Zip Code	·	*** ***********************************	
	iı	negron@draadvi	sors.com				
			E-mail address: (to be used	for future annual	report not	ification)	
For furt	her inform	ation concerning	this matter, please call:				
	Indira N	egron		212 at (	697-47		
		Name of	Contact Person	Area Code	Day	time Telephone Number	
		G ADDRESS:				ADDRESS:	
		of Corporations ion Section				of Corporations ion Section	
	P.O. Box				Clifton B	uilding	
	Tallahass	see, FL 32314				cutive Center Circle ee, FL 32301	
Enclose	d is a chec	k for the followi	ng amount:				
		00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	

### 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 COMPANYTOTRANSACTRI INDESS IN THE STATE OF FLORIDA.

1. G&I IX 645 Park LLC (Name of Fore	eign Limited Liability Company; mus	st includ	le "Limited Liab	ility Company	." "L.L.C" o	or "LLC.")	<del></del>
				,		,	
Liability Company," "L.L.C,	Iternate name adopted for the purpose " or "LLC.")		_	s in Florida. Th	e alternate na	ame must includ	le "Limited
2. Delaware		3.	applied for				
company is organized)	of which foreign limited liability			(FEI number	r, if applicabl	c)	<del></del>
4. upon filing						_	
	(Date first transacted busine (See sections 605.0904 & 605.	ss in Flo ,0905, F	orida, if prior to S. to determine	registration.) penalty liabili	ty)		
5. c/o DRA Advisors LL	C, 220 East 42nd Street, 27th Flo	or, Nev	v York, NY 10	017		_	
	(Street Address of F	Deimoine	(O#5~\				
c/o DP A Advisors I I (	(Street Address of F C, 220 East 42nd Street, 27th Floo	•		017			
6. CO DRA Advisors LLC	5, 220 East 42lid Street, 27th Flot	II, New	TOIK, NT TO				*.
						; 	
	(Mailing /	Address	)	·	<del></del>	<u> </u>	
7. Name and street addres	ss of Florida registered agent: (P.	O. Box	NOT accepta	ıble)		:SS	6
Name:	Corporation Service Company		<del></del>	_			
Office Address:	1201 Hays Street					F. 63.	
	Tallahassee			, Florida <u>32:</u>	301		0
	(City)				(Zip code)	— »	-
designated in this applica to complywith the provisi	gistered agent and to accept servition, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. Corporation Service Compan	ment a proper	s registered ag	ent and agre	e to act in t of my dutic	his capacity.	I further agre amiliar with a
	By:	_/VI	100	9 <b>X</b>			
	(Registi	ered age	nt's signature)		Asst	. Vice Pres	adent
8. The name, title or capa	acity and address of the person(s)	who ha	s/have authori	ty to manage	is/are:		
Jason Borreo, Vice President	dent, c/o DRA Advisors LLC, 22	0 East	12nd Street, 27	th Floor, Nev	w York, NY	10017	
<del></del>				<del></del>	<del></del>		
<del> </del>			<del></del>		,	<u> </u>	
	of existence, no more than 90 day of which it is organized. (If the coubmitted)						
	Signature	of an au	thorized person	<u></u>	<del></del>	_	
This document is executed submitted in a document to	I in accordance with section 605.0 to the Department of State constitu	203 (1)	(b), Florida S ird degree felo	tatutes. I am a	aware that and for in s.81	ny false inform 7.155, F.S.	nation
	Anne Kunz			A I		•	

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "G&I IX 645 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 SIXTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "G&I IX 645 PARK LLC" WAS FORMED ON THE THIRD DAY OF JANUARY, A.D. 2017.

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

Authentication: 201828979

Date: 01-06-17

6270419 8300 SR# 20170089869