Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	
	Division of Corporations
	Fax Number : (350) 617-6383
From:	
r con:	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA00000023
	Phone : (614)280-3338
	Frone : (614)280-3338 Fax Number : (954)208-0845

Foreign Limited Liability Company Pyramid Hialcah Management LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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	egistration Section ivision of Corporations					
SHRJECT	PYRAMID HIALEAH MANAGEMENT LLC					
	Name of Lin	nited Liability C	Cempany			
he enclos xistence,	ed 'Application by Foreign Limited Liability Companiend check are submitted to register the above reference	iy for Authoriza ed foreign limit	tion to Transact Business in Florida," Certificate of ed liability company to transact business in Florida.			
lease retu	rn all correspondence concerning this matter to the foi	llowing:				
	CYNTHIA WARREN					
	Nam	e of Person				
	PYRAMID ADVISORS LP					
	Firm/Company					
	ONE POST OFFICE SQ SUITE 1950					
	1	Address				
	BOSTON MA 02109					
	Ciry/State	e und Zip Code	A COMPANY AND THE PROPERTY OF			
	CYNTHIA.WARREN@PYRAMIDHOTELGR	ROUP.COM				
	B-mail address: (to be used to	or future annual	report notification)			
or further	information concerning this matter, please call:					
С	YNTHIA WARREN	617 at (412-2800			
*****	Name of Contact Person	Area Code	Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tailahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
		□ \$155.00 feilir 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIER: PYRAMID HIALEAH MANAGEMENT LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC." (If name unavailable, coter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L. C." or "LLC.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) compuny is organized) MARCH 2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) C/O PYRAMID ADVISORS LP ONE POST OFFICE SQ SUITE 1950 BOSTON MA 02019 (Street Address of Principal Office) C/O PYRAMID ADVISORS LP ONE POST OFFICE SO SUITE 1950 BOSTON MA 02019 (Mailing Address) 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) C T 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 statutay relative to the proper and complete performance of my duties, and I am fomiliar with and accept the obligations of my position as registered agent. C T Corporation System Hy; (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: WARREN Q FIELDS, MANAGER, C/O PYRAMID ADVISORS LP ONE POST OFFICE SQ SUITE 1950 BOSTON MA 02109

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 regenized. (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 605.0203 (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.

CYNTHIA WARREN

Typed or printed name of signee



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

February 10, 2017

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

PYRAMID HIALEAH MANAGEMENT LLC

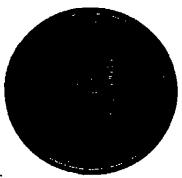
in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 27, 2017.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: RICHARD M. KELLEHER, WARREN Q. FIELDS, JAMES R. DINA

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: RICHARD M. KELLEHER, WARREN Q. FIELDS, JAMES R. DINA, CHRISTOPHER DEVINE

The names of all persons authorized to act with respect to real property listed in the most recent filing are: RICHARD M. KELLEHER, WARREN Q. FIELDS, JAMES R. DINA, CHRISTOPHER DEVIVE



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

ein Travin Islein

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