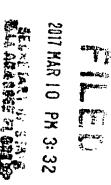
M17000002047

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000296503970



000296503970 03/13/17--01001--004 **160.00

DEPARTMENT OF STATE

M. MILLIGAN MAR 1 0 2017

3801 NMA LLC 21500 Biscayne Boulevard, Suite 302 Aventura, Florida 33180

March 10, 2017

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

RE: Consent to Use of Same Name

Dear Sir or Madam:

3801 NMA LLC, a Florida limited liability company (Document No. L17000009935) hereby consents to the use of the name "3801 NMA LLC" by 3801 NMA LLC, a Delaware limited liability company for purposes of the filing of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

Sincerely,

3801 NMA LLC, a Florida limited liability company

By: BH3 Asset Management LLC, a Florida limited liability company, its manager

By: GMC Capital Management, LLC, a Florida limited liability company, its manager

By:

Print Name: Gregory M. Freedman

Title: Authorized Member

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:

1 3801 NMA LLC				
(Name of Fore	eign Limited Liab	ility Company; must include "Limited Lia	bility Company," "L.L.C.," or "	LI.C."ı
(It'name unavailable, enter a Liability Company," "L.L.C.		pted for the purpose of transacting busines	ss in Florida. The alternate name	: must include "Limited
2 DELAWARE		3		
(Jurisdiction under the law company is organized)	of which foreign	limited liability	(FEI number, it applicable)	
4	/D	The state of the s		
	(See section	st transacted business in Florida, if prior to as 605.0904 & 605.0905, F.S. to determin	e penalty liability)	
5. 21500 BISCAYNE BO	DULEVARD, S	UITE 302	n n	-7
AVENTURA FL 3318	0			2017 NAR 1 O
	·	(Street Address of Principal Office)		
6. 21500 BISCAYNE BC	OULEVARD, SI	ЛТЕ 302		かる 一
AVENTURA FL 3318	0			O P
		(Mailing Address)		2 [
7. Name and street address	ss of Florida reg	istered agent: (P.O. Box NOT accep	table)	္မွားေပ့
Name:	JARRET FRE	EEDMAN	_	32
Office Address:	21500 BISCA	YNE BOULEVARD, SUITE 302	_	<i>પ</i> ર્ફ્
	AVENTURA		Florida 33180	
		(City)	(Zip code)	
designated in this applica	egistered agent tion, I hereby a ons of all statu	and to accept service of process for the appointment as registered a research to the proper and complete registered agent.	agent and agree to act in this	capacity. I further agree
		(Registered agent's signature))	
8. The name, title or capa	acity and addres	s of the person(s) who has/have autho	rity to manage is/are:	
BH3 ASSET MANAGEN	MENT LLC, A	FLORIDA LIMITED LIABILITY CO	MPANY, MANAGER	
21500 BISCAYNE BOU	LEVARD, SUI	ΓE 302		
AVENTURA FL 33180				
	of which it is or	o more than 90 days old, duly authentiganized. (If the certificate is in a forci		
		Signature of an authorized perso	on	
submitted in a document to	o the Departmer	with section 605.0203 (1) (b), Florida at of State constitutes a third degree fel ember of GMC Capital Management.	lony as provided for in s.817.	155, F.S.

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 "3801 NMA 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 TENTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3801 NMA LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 2017.

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

2017 HAR 10 PH 3: 32

Authentication: 202175605

Date: 03-10-17

6323716 8300 SR# 20171709860