## M1700000 a193

(Re	equestor's Name)	
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DEPARTMENT OF STATE

HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street

CERTIFIED COPY
PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 556640 7210084					
AUTHORIZATION: Oppublike name					
COST LIMIT : \$ 125.00					
ORDER DATE : March 15, 2017					
ORDER TIME : 1:0 PM					
ORDER NO. : 556640-020					
CUSTOMER NO: 7210084					
<u>FOREIGN FILINGS</u>					
NAME: NORTH MACDILL, LLC					
XXXX QUALIFICATION (TYPE: LL)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					

EXAMINER:

DocuSign Envelope ID: EABEEF7F-830B-45EE-A2CE-0B33A1AF68EF

## 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. North MacDill, LLC	2			
(Name of Fore	ign Limited Liability Company; must include "Limited L	iability Company,""L.I	C.," or "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting busin	ess in Florida. The alter	mate name must incl	ude "Limited
2 Delaware	2			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if ap	plicable)	
4. Upon Registration				
T	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determ	to registration.)		
5. c/o Federal Capital I	Partners, 5425 Wisconsin Avenue, Suite 202, Chevy	• •		
J		<u> </u>	1. 10.131	
	(Street Address of Principal Office)			<b>17</b>
6. c/o Federal Capital Partners, 5425 Wisconsin Avenue, Suite 202, Chevy Chase, MD 20815				3
0	· · · · ·			MAR 15
	(Mailing Address)		<del></del>	<b>ហ</b> ្ន
				<b>3</b> 3
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acce	ptable)		en 🖫
Name:	Corporation Service Company			AM 8: 17
Office Address:	1201 Hays Street			
	Tallahassee	Florida 32301		
	(City)	, Florida(Zip o	code)	
designated in this applica	gistered agent and to accept service of process for tion, I hereby accept the appointment as registered	agent and agree to a	ict in this capacity.	. I further agree
	ons of all statutes relative to the proper and comple ny position as registered agent.	ete performance of m	y duties, and I am	familiar with an
weeeps me oong mons of s	In The		Melissa Z	ender
	(Registered agent's signatur	<u> </u>	Asst. Vice P	
o m				TOSICION
· ·	city and address of the person(s) who has/have auth	·		
	e, Thomas Carr and/or Alex Marshall, Trustees of F			
Sole Member of Tampa M	lember, LLC, as Member, c/o Federal Capital Partn	ers, 5425 Wisconsin A	Avenue,	
Suite 202, Chevy Chase, I	Maryland, 20815			
	of existence, no more than 90 days old, duly authen of which it is organized. (If the certificate is in a for abmitted)  Occusioned by:  Alex J. Marshall  Ase 15180e Signature of an authorized per	eign language, a trans		
	in accordance with section 605.0203 (1) (b), Florid the Department of State constitutes a third degree f Alex J. Marshall			rmation
	Typed or printed name of signe	e	<del></del>	

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NORTH MACDILL, 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 FIFTEENTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTH MACDILL, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MARCH, A.D. 2017.

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

Authentication: 202201021

Date: 03-15-17

6348453 8300 SR# 20171787224