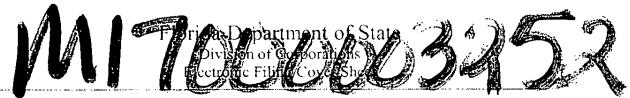
Division of Corporations



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	To:	Fo: Division of Corporations Fax Wumber : (350)817-8283				
	From:	Fhone Fax Number	: : POA000000023 : (614)280-3838 : (954)208-0845		2017 (ALL)	€==°° ===
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O BRUCE APR 17 2017

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

IN COMPLIANCE WITH SECTION 660 IMP, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-HSRE-ASL Parkland TRS, LLC (Name of Foreign Limited Frability Company) must include "Limited Liability Company." (If name unavailable, enter atternate name adopted for the purpose of transacting business in Florida. The afternate name must include "Limited Einhility Company," "L.L. C. "or "LLC"). 2. Delaware Chirisdiction under the law of which foreign himited habitity (FEI number, if applicable) company is organized) upon qualification (Date first transacted business in Florida, if prior to registration ((See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 212 South Central Avenue, Suite 301 St. Louis, Missouri 63105 (Street Address of Principal Office) e/o Allegio Management Company, 212 South Central Avenue, Suite 301 St. Louis, Missouri 63:105 (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 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. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. James M. Halpin Assistant Secretary esseted agent's signature) 8 The name, title or capacity and address of the person(s) who has/have authority to manage is/arc. HSRE-ASI, Parkland, U.C. sofe Member, 212 South Central Avenue, St. Louis, Missouti 63105 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 organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) By: Allegro Prior Ly 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.

Typed or printed name of signee

Laurence A. Schiffer, CEO



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HSRE-ASL PARKLAND TRS, 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 THIRD DAY OF APRIL, A.D. 2017.

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

6368545 8300
SR# 20172214449
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202315178

Date: 04-03-17