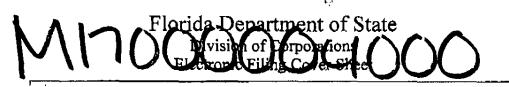
Division of Corporations

Page 1 of 2



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May 10, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: SS LOFTIN PLACE LLC

REF: W17000040148



We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Stacey M Warren Regulatory Specialist II FAX Aud. #: H17000126278 Letter Number: 817A00009278

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P.O BOX 6327 - Tallahassee, Florida 32314

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: SS Loftin Place LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Plotida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Drite first transacted business in Plorida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) c/o Castle Lanterra Properties, LLC One Executive Blvd; Suite 204, Suffern, NY 10901 (Street Address of Principal Office) c/o Castle Lanterra Properties, LLC One Executive Blvd; Suite 204, Suffern, NY 10901 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Vcorp Services, LLC Name: 5011 South State Road 7, Suite 106 Office Address: , Florida 33314 (Zip code) Davie Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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 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 agant, The name, title or capacity and address of the person(s) who has/have authority to manage is/are; CL Loftin Place Manager LLC, Manager c/o Castle Lanterra Properties, LLC, One Executive Blvd; Suite 204, Suffern, NY 10901 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 contificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Plorida 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.

Signature of an authorized person

Michael S. Maffel, Authorized Person

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SS LOFTIN PLACE 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 EIGHTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "88 LOFTIN PLACE LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2017.

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

6399430 8300

SR# 20173223197

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jacobsey W. Buddects, Succeptury of Blade 3

Authentication: 202503107

Date: 05-08-17