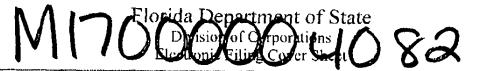
5/12/2017

Division of Corporations



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 : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (512)418-6949

Fax Number

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Enter the email address for this business entity to be used for future ℓ annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company PR WESTSIDE PLAZA II, LLC

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$1,487.50

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO;	Registration Section Division of Corporation	ns				
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SUBJE	CT: PR WESTSID		 			
		Name of I.	limited Liability C	Company		
					nsact Business in Florida," Cert company to transact business i	
Please r	eturn all correspondence	concerning this matter to the	following:			
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	Name	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS	!		STREET	ADDRESS:	
	Division of Corporation			Division of	of Corporations	
	Registration Section			Registrati Clifton Bu	on Section	
	P.O. Box 6327 Tallahassee, FL 32314				ntding cutive Center Circle	
					ee, FL 32301	
Enclose	d is a check for the follo	wing amount:	,			
	\$125.00 Filing Fee	☐ \$130.00 Filing Fee &	□ \$155.00 Filir	ig Fee &	□ \$160.00 Filing Fee, Certifi	cate
		Certificate of Status	Certified Copy		of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. N/A (FEI number, if applicable) 4. October 7, 2011 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 4. October 7, 2011
(Jurisdiction under the law of which foreign limited liability company is organized) 4 October 7, 2011
4. October 7, 2011 (Date first transacted business in Florida, if prior to registration.)
(Date first transacted business in Florida, if prior to registration.)
5. 7 GIRALDA FARMS, MADISON, NJ 07940
(Street Address of Principal Office) 6. c/o PGIM REAL ESTATE 7 GIRALDA FARMS, MADISON, NJ 07940 (Mailing Address) (Mailing Address)
6. c/o PGIM REAL ESTATE
7 GIRALDA FARMS, MADISON, NJ 07940
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CT Corporation System 99
Office Address: 1200 South Pine Island Road
Plantation Florida 33324
(City) (Zip code)
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 statistics relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. By: Comparison Systems Comparison Comparis
(Kegistered agent's signature) BALVINA APIENTA-GRAY DESCAL ASSUITANT SECRETARY
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
PRISA LHC, LLC - SOLE MEMBER
7 GIRALDA FARMS, MADISON, NJ 07940
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)
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.

Vincent Carangelo, Vice President of Sole Member Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PR WESTSIDE PLAZA II, 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 TWELFTH DAY OF MAY, A.D. 2017.

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

.

5042179 8300 SR# 20173423026

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

Authentication: 202529189

Date: 05-12-17