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Account#: 120000000088

Date:
Name: KENDALL HOWELL
Reference #:
Entity Name: VIA MIZNER PLEDGOR I, LLC
✓ Articles of Incorporation/Authorization to Transact Business
Amendment
☐ Change of Agent
Reinstatement
Conversion
☐ Merger
☐ Dissolution/Withdrawal
☐ Fictitous Name
Other
Authorized Amount: \$125.00 Signature:

+1.212.947.7200

+44 (0)20.3786.1090

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 VIA MIZNER PLEDGOR I, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.I. C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of nansacting business in Florida. The alternate name must include "Limited Liability Company." "L.L.C." or "I.L.C." or "I.L.C." or 2. Delaware 3. _82-1610734 (Jurisdiction under the law of which foreign limited liability company is organized) applicable) Upon Filing (Date first transacted business in Florida, if prior to requistration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability) 1515 North Federal Highway 1515 North Federal Highway (Street Address of Principal Office) (Mailing Address) Suite 306 Suite 306 Boca Raton, FL 33432 Boca Raton, FL 33432 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Robert Rabin Name: 1515 N. Federal Highway, Suite 306 Office Address: Boca Raton , Florida 33432 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 comply with the provisions of all statutes relative to Me proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered ofent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Manager Mark A. Gensheimer 1515 N. Federal Highway, Suite 306 Baca Raton, FL 33432

(Use attachments if necessary)

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

10. 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.

Mark A. Gensheimer

Typed or printed name of squee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VIA MIZNER PLEDGOR I, 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 TWENTY-THIRD DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIA MIZNER PLEDGOR I, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MAY, A.D. 2017.

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

Authentication: 202587442

Date: 05-23-17

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