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Date: 5/24	1/2017		Account#: I20000000088
Name: KENDA I		_	
Reference #:	T010037		
		R OWNER II, LLC	<u> </u>
✓ Articles of Inco	rporation/Authori	ization to Transact Busi	ness
Amendment			
Change of Age	nt		
Reinstatement			
Conversion			
☐ Merger			
☐ Dissolution/Wit	hdrawal		
☐ Fictitous Name			
Other			
Authorized Amour Signature: ———		5.00	_





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Account#: I20000000088 5/24/2017 Date:_ Name: KENDALL HOWELL T010037 Reference #:____ **VIA MIZNER OWNER II, LLC** Entity Name:____ ✓ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion ☐ Merger ☐ Dissolution/Withdrawal Fictitous Name Other _____ Authorized Amount:

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:

	ame adopted for the purpose of transacting business	i- Marita Charles	ore include HI (misself ful	William Commence " "I I C " or "I
	ame accepted for the purpose of transacting business	in Florida. The alternate name in	ust menute "Limited Liai	outly Company, LLC, or a
Delaware (Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI numi	per, if applicable)
tions Fills				
Upon Filing	(Date first transacted business in Florida, if pt (See sections 605,0904 & 605,0905, F.S. to d	for to registration.)		
1515 North Endored			rth Earland Wa	hum
1515 North Federal	Principal Office)	6, 1313140	rth Federal Hig	
Suite 306		Suite 306	<u> </u>	
Boca Raton, FL 334	32	Boca Rat	ton, FL 33432	
Name:	s of Florida registered agent: (P.O. Robert Rabin			
Office Address:	1515 N. Federal Highway, Sui			
	Boca Raton	, Flo	orida <u>33432</u> (Zip cod	
				-1
ving been named as re signated in this applica comply with the provisi	tance: gistered agent and to accept service tion, I hereby accept the appointme lons of all statutes relative to the place s of my position as registered agent.	of process for the abo int as registered agent oper and complete perj	ve stated limited and agree to act	liability company of in this capacity. I fur
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Typed or printed name of signee

Page 1

Delaware The First State

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

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIA MIZNER OWNER II, 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.

A COLUMN TO THE PARTY OF THE PA

Authentication: 202587256

Date: 05-23-17

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