Florida Department of State

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Ťo:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GREENBEAG TRAURIG (ORLANDO)

Account Number : 103731001374

Phone : (407)418-2435 Fax Number : (407)420-5909

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

hdjr@thedawsoncompany.com

Foreign Limited Liability Company HAD Land Development Partners I, LLC

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Help

S. WARREN

JUN 0 1 2017

5/31/2017

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

	SECTION 605.0002, FLÖRIDA STATUTE TBURINESS IN THE STATE OF FLORIC	ES, THE FOLLOWING IS SUBMITTED TO REGISTRICA F DA:	OREIGN LIMITED LIABILIT
	lopment Partners 1, LLC		
(Name of	Totalga Limited Liability Company; m	wat include "Librited Liability Company," "L.L.C., "or "	
makangan dan dan pagangan pagan dan dan dan dan dan dan dan dan dan d	المنطقة بالأمواد والمنطقة المنافقة المنطقة () والمنطقة بالمنطقة المنطقة المنطقة المنطقة المنطقة المنطقة المنطقة		
(If name unavoitable, one Liability Company," "L.I		ise of transacting business in Plorida. The alternate name	must include "Limited
2 Delaware		3 82-1541974	
(Inriguiction under the	lawuf which foreign formed liability	(FEI number, (l'applicable)	mente agramatica de la libración maior de la libración por el de la libración
4. Upon qualification		~t	
	(See sections 605,0904 & 60	ness in Florida, if prior to registration.) 5.0905, F.S. to determine pointly liability).	
5. 191 Peachtree S	treet N.E., Suite 805		•
Atlanta, GA 30	363	•	543
Anthro, Cr. 20	(Street Address of	Principal ()flicu)	FQ 😎
6. 191 Peachtree Street N.E., Suite 805			
Atlanta, GA 30		and the second s	MAY 31
and the state of t		(Address)	الملاء الملاء
7. Name and street ed-	iresy of Piorida registered agent: (F	P.O. Box NOT acceptable)	TH 3 1
	CT Corporation System		STA STA
Name:	1200 South Pine Island Road	A BONDON PERSON AND AND AND AND AND AND AND AND AND AN	31
Office Addres	Security of the second differential of the secon	many and the second of the sec	**
	Plantation	, Plorida 33324 (Zin coda)	
lesignated in this applic to complywith the provis	egistered agent and to accept segulation, I hereby accept the appoints inns of all trautes retailed to the property of my pusition as registered agent.	ice of process for the above stated limited liability ment as registered agent and agree to act in this ca proper and complete performance of my duties, an set agent's signifure) Sharon K. Gray, Assistan	paeny, 'i juriner agree d I am famillar with and
8. The name, title or o	apacity and address of the person(s	s) who has/have authority to manage is/are;	
MGM HADL	and Equity I, LLC		
191 Pos	chtree Street N.C., Spile 805		Strengthened Frage-street
Atlanta	GA 30303		
jurisdiction under the la of the translator must b	ate of existence, no more than 90 d two of which it is creatized. (If the ce submitted)	iays old, duly authenticated by the official having et certificate is in a foreign language, a translation of t	he certificate under cath
	t to the Department of State constit	utes a third degree felony as provided for in s.817.1	
	Rebecca DiStefano, Authori	zed Person printed name of sinnee	

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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HAD LAND DEVELOPMENT PARTNERS 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 THIRTIETH DAY OF MAY, A.D. 2017.

AND I DO HERESY FURTHER CERTIFY THAT THE SAID "HAD LAND DEVELOPMENT PARTNERS I, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2017.

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

6333978 8300 5R# 20174240038

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

James W. Ridner, Exemples of Series

Authentication: 202616936

Date: 05-30-17