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•	istration Section Ision of Corporatio	ns		
SUBJECT:	KEY WE	ST 2016, LLC		
SOBJECT			Limited Liability Company	
The enclosed Existence, ar	3 "Application by Fo nd check are submitte	reign Limited Liability Comp ed to register the above refero	oany for Authorization to Tenced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida
Please return	all correspondence	concerning this matter to the	following:	
	Teri St	apleton		
		N	ame of Person	
	Unisea	arch, Inc.		
		Fi	rm/Company	
	P.O. B	ox 1221		
			Address	
	Westc	liffe, CO 8125	52	
		City/S	tate and Zip Code	
	•	Fmail address: (to be used	d for future annual report n	otification)
For further i	nformation concernit	ng this matter, please call;		
	eri Staple	,	,720 38	6-3108
	Name	of Contact Person	Area Code Da	aytime Telephone Number
Div	AILING ADDRESS vision of Corporation gistration Section		Divisio	T ADDRESS: n of Corporations ation Section
P:C), Box 6327 Ilahassee, FL 32314		Clifton 2661 E	Building secutive Center Circle ssee, FL 32301
	a check for the follow \$125.00 Filing Fee	wing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limi	ted Liability	v Company," "L.L.C.," or "I.I	.C.*)	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida The a	temate name naust include "Limite	d Liability Company," "L.L.C," (r"LIC")
2 DELAWARE		3.			
	hich foreign limited liability company is organized)	J.	(FEI	пшићет, if applicable)	•
4.					
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. tri deter	to registration	.) lubility)		
120 VANTIS, SUIT	E 350	6.	120 VANTIS, SUITE	350,	
(Street Address of Principal Office)			(Mailin	(ddress)	
ALISO VIEJO, CA S	92656		ALISO VIEJO, CA 9	2656	
				15.	; * T
				SSS	8
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	x NOT	ecceptable)	إنناح	R 😤 🖰
Name:	UNISEARCH, INC.			₹.	
				<u> </u>	
Office Address:	155 OFFICE PLAZA DRIVE			DĀ	ті сл
	TALLAHASSEE		Florida 32301	<u> </u>	
Registered agent's accep	(City)			p code)	
	ions of all statutes relative to the prope is of my position as registered agent.			nct in this capacity. I my duties, and I am fa	
	s of my position as registered agent.	er and co		my duties, and I am fa	
and accept the obligation	s of my position as registered agent. (Registered agent	AS S	mplete performance of	my duties, and I am fa	
and accept the obligation	s of my position as registered agent.	As Signature)	mplete performance of	my duties, and I am fa	miliar with
and accept the obligation 8. The name, title or cap	(Registered agent acity and address of the person(s) who	a signature) has/have	mplete performance of Secret authority to manage is/a	my duties, and I am fa	miliar with
and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who	a signature) has/have	mplete performance of Secret authority to manage is/a	re: Name and Add	miliar with
and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who Name and Address: JOHN V. ARABIA	a signature) has/have	mplete performance of Secret authority to manage is/a	re: Name and Add	miliar with
8. The name, title or cap Title or Capacity: PRESIDENT	acity and address of the person(s) who Name and Address: JOHN V. ARABIA 120 VANTES, SUITE 350 AUSO VELO: CAR2666	a signature) has/have	mplete performance of Secret authority to manage is/a	re: Name and Add ROBERT SPE	miliar with
and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who Name and Address: JOHN V. ARABIA 120 VANTIS, SUITE 350	a signature) has/have	mplete performance of Secret authority to manage is/a	re: Name and Add ROBERT SPE	miliar with
8. The name, title or cap Title or Capacity: PRESIDENT	as of my position as registered agent. (Registered agent acity and address of the person(s) who hame and Address: JOHN V. ARABIA 120 VANTIS, SUITE 350 ALISO VELIG: GARRESS BRYAN A. GIGLIA	a signature) has/have	mplete performance of Secret authority to manage is/a	re: Name and Add ROBERT SPE	miliar with
8. The name, title or cap Title or Capacity: PRESIDENT	acity and address of the person(s) who Name and Address: JOHN V. ARABIA 120 VANTIS, SUITE 350 AUSO VELIO; CAR2656 BRYAN A. GIGLIA 120 VANTIS, BUITE 350 AUSO VELIO; CAR2656	a signature) has/have	mplete performance of Secret authority to manage is/a	re: Name and Add ROBERT SPE	miliar with
8. The name, title or cap Title or Capacity: PRESIDENT CFO (Use attachments if neces	acity and address of the person(s) who Name and Address: JOHN V. ARABIA 120 VANTIS, SUITE 350 ALISO VELIO, CA \$2656 BRYAN A. GIGLIA 120 VANTIS, SUITE 350 ALISO VELIO, CA \$2656 SSARY) c of existence, no more than 90 days old of which it is organized. (If the certific	has/have	mplete performance of Secret authority to manage is/a itle or Capacity: ENIOR VP	TWY duties, and I am fa	ress: RINGER
8. The name, title or cap Title or Capacity: PRESIDENT CFO (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law	acity and address of the person(s) who Name and Address: JOHN V. ARABIA 120 VANTIS, SUITE 350 ALISO VELIO, CA \$2656 BRYAN A. GIGLIA 120 VANTIS, SUITE 350 ALISO VELIO, CA \$2656 SSARY) c of existence, no more than 90 days old of which it is organized. (If the certific	has/have	mplete performance of Secret authority to manage is/a itle or Capacity: ENIOR VP	TWY duties, and I am fa	ress: RINGER
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8. The name, title or cap Title or Capacity: PRESIDENT CFO (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is execution	Registered agent. (Registered agent. (Regist	has/have I, duly au ate is in a	authority to manage is/a itle or Capacity: ENIOR VP thenticated by the official foreign language, astronomy, Florida Statutes, I amp	TO Watter, and I am far The re: Name and Add: ROBERT SPF 120 VANTIS, SUITE 350 AUSO VIEW, CA \$2858 all having custody of recensiation of the certificate	ress: RINGER ords in the e under oath

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 "KEY WEST 2016, 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 SIXTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KEY WEST 2016, LLC" WAS FORMED ON THE FIFTH DAY OF JUNE, A.D. 2017.

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

6435838 8300

SR# 20174597835

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

Authentication: 202657118

Date: 06-06-17