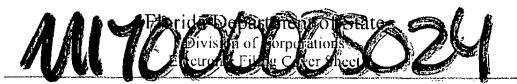
6/13/2017

Division of Corporations



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Division of Corporations

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

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Foreign Limited Liability Company Property Owner 3, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$125.00

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Help

D. SCOTT JUN 1 4 2017

To: Page 3 of 6

COVER LETTER

Division of Corporations				
BJECT: PROPERTY OWNER 3.	LLC			
	Name of Limited	Liability Company		
e enclosed "Application by Foreign stence; and check are submitted to	Limited Liability Compagnitude of the Liability Compagnitude of th	any for Authorization to Tran need foreign limited liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida
ase return all correspondence conce	ming this matter to the t	following:		
ROBYN MOLINE				
	Na	mc of Person		
PROGRESS RESID	INTIAL LLC			
110011111111111111111111111111111111111		т/Сотрапу		
P.O. BOX 4090		Address		
				. "A"
SCOTTSDALE, AZ				
	City/St	ate and Zip Code	ation)	
	ESSRESIDENTIAL.C			
	-mail address: (to be used	for future annual report notific	ation)	$\mathcal{E}_{\mathcal{L}_{\mathbf{u}}}$ ω
r further information concerning thi	s matter, please call:			三 宝
ROBYN MOLINE		480 450-24	46.	E : 00
Name of Cò	ntact Person	at (480) 459-24 Area Code Da	46 ytime Telephone Number	25
MAILING ADDRESS;	STREE	T ADDRESS:		37
Division of Corporations		n of Corporations		
Registration Section		ation Section		
P.O. Box 6327		Building xecutive Center Circle		
· Tallahassee, FL 32314		ssee, FL 32301		
nclosed is a check for the follo	wing amount:			
	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, C of Status & Certified	

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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. PROPERTY OWNER 3, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.,"
Charles of Foreign Linear District Company, mass metade States St
(If name unavailable, enter 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 3. 82-1187330
(Jurisdiction under the law of which foreign timited liability (FEI number, if applicable) company is organized)
4. Upon Registration
(Dute first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 605.0905, F.S. to determine penalty liability)
5. 7500 N. DOBSON RD., SUITE 300
SCOTTSDALE, AZ 85256
(Street Address of Principal Office)
6. ATTN: LEGAL DEPT
P.O. BOX 4090, SCOTTSDALE, AZ 85261
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
P2 TRUST A - MEMBER - 40 West 57th St, 15th Floor, New York, New York 10019
Ž vi
8. Attached is an original 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. (A photocopy is not acceptable. 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 (In accordance with section 605 0203, F.S., the execution of this document constitutes un affirmation under the penalties of perjuty that the facts ented herein are true 1 am aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as provided for in \$ 817 155, F.S.)
Terence McNally, Authorized Person
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF PLORIDA.

If unavailable	le, the alternate to be use	ed in the state of Florida is:	
2. The name	e and the Florida street a	address of the registered agent and office are:	
	CT Corporation System	m,	
		(Name)	
	1200 South Pine Island		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		ω _{[7}
	Plantation	FT 33324	
		City/State/Zip	23
liability com registered as statutes rela	pany at the place design gent and agree to act in t ting to the proper and co	ent and to accept service of process for the ab- lated in this certificate, I hereby accept the app this capacity. I further agree to comply with the complete performance of my duties, and I am fa as registered agent as provided for in Chapte	ovintment as he provisions of all miliar with and
	C T Corporation Sy By:	(Signature) Howard L. Volz, Assistant Sec	retary
	•	5 100.00 Filing Fee for Application 5 25.00 Designation of Registered Agent 6 30.00 Certified Copy (optional)	

5.00 Certificate of Status (optional)

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

DELAWARE, DO HEREBY CERTIFY "PROPERTY OWNER 3, 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 NINTH DAY OF JUNE, A.D. 2017.

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

FILED III S 2

EGNY

'n,



Authentication: 202685878

Date: 06-09-17

6375753 8300 SR# 20174679911

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