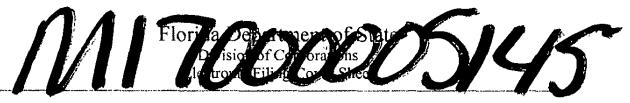
Division of Corporations



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To: ***FILE BEFORE (((H17000161632 3)))

Division of Corporations **FILE AF

**FILE AFTER (((H17000161626 3)))

from:

Account Name : C T CORPORATION SYSTEM

: (850)617-6383

Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

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

Email Address:

Fax Number

Foreign Limited Liability Company HR Office Owner 2 GP, L.L.C.

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D. BRUCE JUN 19 2017

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ.	HR OFFICE OWNER 2 GP, L.L.C.				
5010	Name of Limited Liability Company				
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certiface, and check are submitted to register the above referenced foreign limited liability company to transact business in				
Please	return all correspondence concerning this matter to the following:				
	Name of Person				
	C T Corporation System				
	Firm/Company				
	1200 South Pine Island Road				
	Address				
	Plantation, Florida 33324				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For fu	ther information concerning this matter, please call:				
	Name of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 STREET ADDRESS: Division of Corporations Registration Section Clifton Building				
	Tallahassee, FL 32314 2661 Executive Center Circle O Tallahassee, FL 32301	Ö			
Enclos	ed is a check for the following amount: \$\Begin{array}{c} \Box \\ \Bo	ate			

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

HR OFFICE OWNER	2 GP, L.L.C.			
(Name of Fore	ign Limited Liability Company; must include	e "Limited Lizbility Company," "L.L.C.,"	or "LLC.")	
(if name unavailable, enter a Liability Company," L.L.C,	ternate name adopted for the purpose of trans	sacting business in Florida. The alternate	name must include "l	imited
2. Delaware	3.	· !		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applica	ble)	_
4	(Date first transmitted business in Di-			
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	S. to determine penalty liability)		
5. 1601 Washington Ave	mue, Suite 800			
Miami Beach, FL 331				
	(Street Address of Principal	Office)	 	
6			_ <u>₹</u> <u> </u>	
				1
	(Mailing Address)		ARE SE	
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	AR)	E
Name:	C T Corporation System		F. F. D	Ш
Office Address:	1200 South Pine Island Road		~ (r)	D
	Plantation	, Florida 33324	# # #	
	(City)	(Zip code)		
designated in this applicate complywith the provision accept the obligations of a	gistered agent and to accept survice of p tion, I hereby accept the appointment us ons of all statutes relative to the proper my position as registered agent. C'Î Comoration System By:	registered agent and agree to act in and complete performance of my du Chris Rickard	this capacity. I fu ties, and I am fami	rther agree
8. The name, title or cape SOF-XI IIR Holdings, L.t	icity and address of the person(s) who ha	nt signature) s/have authority to manage is/are:		
Member			<u></u>	
1601 Washington Ave, Su	ite 800 Miami Beach, FL 33139			
	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)			
	Signature of an au	thorized person		
	in accordance with section 605.0203 (1) the Department of State constitutes a thi			תכ
	Nick Antonopoulos	· ·		

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HR OFFICE OWNER 2 GP, L.L.C." 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 SIXTEENTH DAY OF JUNE, A.D. 2017.

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

6443058 8300 SR# 20174795816

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

Authentication: 202723374

Date: 06-16-17