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| | | Name of | Limited Liability (| Company | | | |
| | | reign Limited Liability Com ed to register the above refer | | | | | |
| Please r | eturn all correspondence | concerning this matter to the | following: | | | | |
| | MATTHEW W | OLF, ESQ. | | | | | |
| | | N | ame of Person | | | | |
| | WOLF, RIFKI | N, SHAPIRO, SCHULMAN | i & RABKIN, LL | P | | | |
| | Firm/Company | | | | | | |
| | 11400 W. OLYMPIC BOULEVARD, 9TH FLOOR | | | | | | |
| Address | | | | | | | |
| | LOS ANGELE | S, CA 90064 | | | | | |
| | | City/S | state and Zip Code | ··· | | | |
| | SFIRTEL@ORG | CAP.COM | | | | | |
| | | E-mail address: (to be use | d for future annual | report notification) | | | |
| For furt | her information concerning | g this matter, please call: | | | | | |
| | MATTHEW WOLF, ESQ. | | 310 at (| 478-4100 | | | |
| | Name o | of Contact Person | Area Code | Daytime Telephone | e Number | | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center (Tallahassee, FL 32301 | . ** | | |
| Enclose | ed is a check for the follow \$125.00 Filing Fee | ring amount: \$\Bigsize \$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exittit{\$\text{\$\exittitt{\$\text{\$\exittit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exittit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex | □ \$155.00 Filir Certified Copy | - | iling Fee, Cert Certified Copy | | |

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: ORO PARKSIDE RIVERVIEW, LLC (Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The afternate name must include "Limited Liability Company," "LLC," or "LLC.") 2. DELAWARE (FEI ammber, if applicable) (Iurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 603.0905, F.S. to determine penalty liability) 6. 11766 WILSHIRE BLVD., SUITE 325 5. 301 CARAVAN CIRCLE (Street Address of Principal Office) (Mailing Address) JACKSONVILLE, FLORIDA 32216 LOS ANGELES, CA 90025 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PARACORP INCORPORATED Name: 155 Office Plaza Drive, 1st Floor Office Address: **TALLAHASSEE** Florida Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Please see the attached (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: MANAGER OF SOLE MEMBER ORO MANAGER III 3556 E RUSSEL ROAD, 2ND FL LAS VEGAS, NV 89120 (Use attachments if necessary) 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

AUthorized reguentation

Steven Firte

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 08/16/2017

ENTITY NAME: Oro Parkside Riverview, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Milton Vong Assistant Secretary

Paracorp Incorporated

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ORO PARKSIDE RIVERVIEW, 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-FOURTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORO PARKSIDE RIVERVIEW, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2017.

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

Authentication: 202938313

Date: 07-24-17

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