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Account#: I20000000088

Date: August 23, 2017	Account#: 120000000088
Name: Marisa Kugelmann	-
Reference #: T011703	
Entity Name: VIA MIZNER H	OLDINGS III, LLC
✓ Articles of Incorporation/Authori	zation to Transact Business
Amendment	
Change of Agent	
Reinstatement	
✓ Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
✓ Other	Certified Copy upon filing

Authorized Amount: \$155.00

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

IN COMPLIANCE WITH SECTION 601.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: I. VIA MIZNER HOLDINGS III, LLC (Name of Foreign Limited Uzbihly Company, must include "Limited Liability Company," "L.L.C.," or "L.L.C.," If name or available, gener elements name adopted for the purpose of transacting business in Florids. The alternate rooms must reclude "Limited Labeling Company," "L. L.C." or "LLC.") 3. 81-1788350 2. Deleware (Pti camber, il applicable) (Puradiction under the law of which furcign stated Labridy company is organised) Upon Filing (Data first transacrad surfaces in Placets, if prior to registration.)
(But sections 635.0504 & 605.0501, F.S. to intermine prinsity Ribility) 6. 1515 North Federal Highway 5. 1515 North Federal Highway (Marian Adersia) (Most Address of Principal Office) Suite 306 Boca Raton, FL 33432 7. Name and street addition of Florida registered agent: (P.O. Box NOT acceptable) Robert Rabin Name: 1515 N. Federal Highway, Suite 308 Office Address: , Florida 33432 Boca Raton 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 by 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, ard sgraf's streamer) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Cupacity: Name and Address: Title or Capacity: Mark A. Gensheimer Manager 1818 18 Festival Paymery, Date 304 Boos Raws FL 33432 (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) Signature of an authorized par 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.

Typed or pricted name of signer

Mark A. Genshelmer

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VIA MIZNER HOLDINGS III, 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 SEVENTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIA MIZNER HOLDINGS III, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2017.

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

D

6514303 8300 SR# 20175774142 Authentication: 203076895

Date: 08-17-17

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