Division of Corporations



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Foreign Limited Liability Company QCRE V, LLC

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PLEASE HONOR ORIGINAL DATE 09-08-17 J. Help

. : .

<u>send@mail.efax.con</u>: From: To: Sickero Chris

Successful transmission to 18506176383. Re: QCRE V, LLC Subject:

Fridny, September 08, 2017 6:50:05 PM Date:

Dear Ranae McGraw,

Re: QCRE V, LLC

The 4 page fax you sent through eFax Solutions to 18506176383 was successfully transmitted at 2017-09-08 22:50:04 (GM1).

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Customer Service

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Tel; 1-323-817-3202

Email: corporatesupport@mail.cfax.com

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

IN COMPLIANCE WITH SECTION 4/5 6/02, FLORIDA STATUTES, THE FOLLOWING IS SUBSTITUTED TO REGISTER A FOREGOVERMINED HABILITY COMPANYTOTRANSACTBUSINESS IN THE STATE OF FLORIDAL QCRE V, LLC (Name of Foreign 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 alternate name must include "Limited Liability Company," "L.L.C," or "LLC,") Delaware (Jurisdiction under the law of which foreign hapited liability company is organized) Not applicable. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 101 Central Park West, Suite 1F New York, NY 10023 (Street Address of Principal Office) 101 Central Park West, Suite 1F New York, NY 10023 (Mailing Address) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Registered agent's acceptance: Having been named as registered agent and to accept service of process far 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 complywith 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. CT Corporation System / Chris Rickard By: (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Quogue Operations Management, LLC, Managing Member 101 Central Park West, Suite 1F New York, NY 10023 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 person This document is executed in accordance with section 605,0203 (i) (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 printed mene of signee

Lisa J. Falenski, Authorized Person

<u>Delaware</u>

Page 1

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

DELAWARE, DO HEREBY CERTIFY "QCRE V, 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 EIGHTH DAY OF SEPTEMBER, A.D. 2017.

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

ne at corp.delaware.gov/authver.shtm

Authentication: 203191647

Date: 09-08-17

6206188 8300

SR# 20176085136
You may verify this certificate online at corp. delaware.gov/authver.shtml