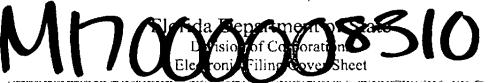
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Division of Corporations



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# Foreign Limited Liability Company

### PX ULT AMELIA GP LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

SEP 29 2017 J. HARRIS

## To: Page 3 of 10

### COVER LETTER

TO:	Registration Section Division of Corporation	15						
SÜBJI	PX ULT Amelia GP							
oob.		Name of	Limited Liability	Company				
The en Exister	closed "Application by For- ice, and check are submitted	eign Limited Liability Com d to register the above refer	pany for Authoriza enced foreign limi	stion to Tr ted Ilabilit	ransact Business in Florida," Certificate of the company to transact business in Florid			
Please	return all correspondence c	oncerning this matter to the	following:					
	Glynis Davis							
		Name of Person						
	HR REIT	•						
	<del></del>	Finn/Company						
	3625 Dufferin S	3625 Dufferin Street, Suite 500						
		Address						
	Toronto, Ontari	Toronto, Ontario M3K 1N4						
		Clty/S	tate and Zip Code		<del></del>			
	gdavis@hr-reit.co	oin						
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For fur	ther information concerning	this matter, please cali:	•					
	Laoure Louche		212 at (	949-75	550			
	Name of	Contact Person	Area Code	Day	ytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassoe, FL 32301		of Corporations tion Section Building coutive Center Circle			
Encloss	ed is a check for the followi \$125.00 Filing Fee	ng amount:  S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Pilii Certified Copy		☐ \$160.00 Filing Fee, Certificate of Status & 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: 1. PX ULT Amelia GP LLC [Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, caser alternate name adopted for the purpose of transacting business in Florida. The attenuts name must include "Limited Liability Company," "LL.C," or "LLC.") (Jurisdistion under the law of which kirsign limited Labelty company is organized) (Date first transacted business in flonds, if prior to registration.) (See sections 605 0904 & 605,9905, F.S. to determine penalty liability.) 3625 Dufferin Street, Suite 500 3625 Dufferin Street, Suite 500 (Street Address of Principal Office) (Moiling Address) Toronto, Ontario M3K 1N4 Canada Toronto, Ontario M3K 1N4 Canada 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (Clty) (Zip code) 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. ANY BERTELETTI C T Corporation System By: **VICE PRESENT** (Regimered agent's signatur 3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Canacity: Name and Address: Title or Capacity; Name and Address: Authorized Person Authorized Person Michael Loeb Lerry Froom 1430 Broadway, Suite 1603 New York, New York 10018 3625 Dufferin Street, Suite 50 Toronto, Ontario M3K IN4 (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 pertificate 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 of third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signac

Michael Locb



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PX ULT AMELIA GP 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-EIGHTH DAY OF SEPTEMBER, A.D. 2017.

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

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

Authentication: 203307920

Date: 09-28-17

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SR# 20176381002