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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

FOREIGN FILINGS

NAME: GAHC4 BALMORAL FL TRS SUB, LLC

XXXX QUALIFICATION (TYPE: LL)

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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

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:

15	ic adopted for the purpose of transacting business in Flo	anda Tha a	farmete unan must include "Lie	mired Liability Com	mm: ""[. TLC "	
n name unavariatore, enter atternate nam Delaware	e adobten tot me but bose of d'ansacting organiss m : w	MUL INC	82-2729382	inter manning com	yang, Luci, G	LLC.)	
	h foreign lumited liability company is organized)	3.		FEI number, if appli	icable)		
Upon Qualification							
. Open Quantication	(Date first transacted business in Florida, if prior to	registration	2)				
: 18191 Von Karman Ave	(See sections 605,0904 & 605,0905; F.S. to determ		18191 Von Karman	Avenue Suite	s 300		
(Street Address of Prin		6.	(Mar	ding Address)			
Irvine, CA 92612	 		Irvine, CA 92612		<u></u>		
					三点	7.0	
						\Box	٠٠,
. Name and street address	of Florida registered agent: (P.O. Box	NOT	acceptable)		SS	6	 '
Name:	Corporation Service Company				MG.	I>-	רדן
	130117 0				五湯	¥	\Box
Office Address:	1201 Hays Street				용표	Ö	
	Tallahassee		, Florida <u>3230</u>	10	<u>5</u>	8 9	
	(City)	<u> </u>		(Zip code)	_		
o comply with the provision accept the obligations of the control	on, I hereby accept the appointment and one of all statutes relative to the proper of my position as registered agent. Corporation Service Company By: (Registered agent's	and co	ered agent and agree implete performance of	of my duties, Mcl		niliar w	
o comply with the provision and accept the obligations of the control of the cont	ns of all statutes relative to the proper of my position as registered agent. Corporation Service Company By: (Registered agent's ity and address of the person(s) who	signature)	authority to manage is	of my duties, Mcl Asst. V	and I am fai issa Zend Vice Presi	niliar w cr dent	
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o comply with the provision and accept the obligations of the obligations. 8. The name, title or capacity: Sole Member	ity and address of the person(s) who Name and Address: GAHC4 TRS Peninsula Holdings, LLC 18191 Von Karman Avenue, Suite 100 Irvine, CA 92612	signature)	authority to manage is	of my duties, Mcl Asst. V	and I am fai issa Zend Vice Presi	niliar w cr dent	
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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GAHC4 BALMORAL FL TRS SUB, 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 SIXTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAHC4 BALMORAL FL TRS SUB, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2017.

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

6561553 8300 SR# 20176505539

Authentication: 203354548

Date: 10-06-17