(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
(2004)
Certified Copies Certificates of Status
Certified Copies Certificates of States
Special Instructions to Filing Officer:

Office Use Only



200304031642

OCT -6 AM II: 08

S. WARREN OCT 0 9 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 850376 7862578

AUTHORIZATION : FISH Series

COST LIMIT : \$(125.00

ORDER DATE: October 6, 2017

ORDER TIME : 10:05 AM

ORDER NO. : 850376-035

CUSTOMER NO: 7862578

FOREIGN FILINGS

NAME: GAHC4 SPRING HAVEN FL TRS SUB,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

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:

1. GAHC4 Spring Haven					
(Name of Foreign	Limited Liability Company; must include "	Limited Liabili	ty Company," "L L C.," or "L	LC.")	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting busines	s in Florida The	alternate name must include "Limit	ted Liability Company," "L	L.C." or "LLC.")
Delaware			82-2801594		
	uch foreign limited liability company is organized)			number, if applicable)	
4 Upon Qualification					
T	(Date first transacted business in Florida, if a (See sections 605 0904 & 605 0905, F.S. to	prior to registratio	n } , liability)		
5 18191 Von Karman A			18191 Von Karman A	venue, Suite 300	
(Street Address of Principal Office)			(Mailir	ig Address)	
Irvine, CA 92612	7		Irvine, CA 92612		
 				<u></u>	<u> </u>
				2.1	: <u>8</u>
Name and <u>street addres</u>	s of Florida registered agent: (P.O.	. Box <u>NOT</u>	acceptable)	<u> </u>	7 7
Name:	Corporation Service Company			SE SE	. ♣ = =
Office Address:	1201 Hays Street			1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·	
Office Address.				[0]	AH II: 08
	Tallahassee		, Florida 32301	<u></u> 3	<u> </u>
Registered agent's accep	(City)		(7	(ip code)	. .
	of my position as registered agen Corporation Service Company By: (Registered a	Ment's signature)	my	<u>Mel</u> issa Z Asst. Vice P	
8. The name title or cans	city and address of the person(s) w	ho has/have	authority to manage is/s		rondent
Title or Capacity:	Name and Address:		itle or Capacity:	Name and .	Address:
Sole Member	GAHC4 TRS Perunsula Holdings, LLC				
	18191 Von Karman Avenue, Suite 300		-		
	Irone, CA 92612				
		 -			
					
(Use attachments if necess	sary)				
urisdiction under the law of the translator must be su	of existence, no more than 90 days of which it is organized. (If the cert ibmitted) ated in accordance with section 605	ificate is in	a foreign language, a tra	nslation of the certi	ficate under oath
	the Department of State constitutes				
	Sig	gnahar of an auth	orized person		
		lathiau Steel	er		
		lathicu Strei			
	By, TRS Peninsula Holdings, LLC, its So By, Mathieu Streiff, Executive Vice Pre	le Member	•		



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

DELAWARE, DO HEREBY CERTIFY "GAHC4 SPRING HAVEN 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 SPRING HAVEN 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.

The state of the s

Authentication: 203354544

Date: 10-06-17