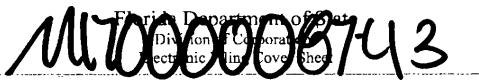
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Division of Corporations



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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company GP FLORIDA HOLDINGS, LLC

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D SCOTT OCT 1 3 2017

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

IN COMPLIANCE WITH SECTION 695,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: GP Florida Holdings, LLC (Name of Foreign Limited Liability Company; must include "Limited Eability Company," "LLC," or "LLC," (If name unavariable, enter afternate name adapted for the purpose of transacting business in four da. The alternate many must include "Limited Liability Company," "L'L.C." or "LLC." (Stirtsdiction under the law of which foreign funded liability company is organized) (Date first transacted business in Florida, if prior to registration). (See arctains 605 0904 & 605,0905, F.S. to determine penalty habitary). 6. 10100 Santa Monica Blvd., Suite 1000 10100 Santa Monica Blvd., Snite 1000 (Street Address of Principal Office) (Mailing Address) Los Angeles, CA 90067 Los Angeles, CA 90067 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) National Registered Agents, Inc. Name: 1200 South Pine Island Road Office Address: . . Plantation (City) 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. **Angel Shearer** National Registered Agents, Inc. ssistant Secretary (Registered agent's signature) 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 Capacity: Name and Address: Title or Capacity: Steve Towle CF() 10100 Santa Monica Blvd. Ste 1000 Lus Angeles, CA 90067 (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 seconds 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) 10. This document is executed in accordance with section 605.0303 (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. Signature of an authorized person

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Steve-Towle

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GP FLORIDA HOLDINGS, 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 ELEVENTH DAY OF OCTOBER, A.D. 2017.

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

TICE A 10: 59

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