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STATION HOUSE AT LAKE MARY LLC

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

. .

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(1.5	Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or "LLC	C.r)	
	<u> </u>		,	
ame unavailable, enter alternate ne	eme adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited	I Liability Company," "L.L.C," or "LLC.")	
Delaware		3.		
Utrisdiction under the law of wh	ach toreign limited liability company is organized)	(FEI)	number, if applicable)	
		<del></del>		
_	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to des	resina pensity kability)		
(Street Address of Principal Othice)		6. 120 Wells Avenue (Mailing Address)		
Name and street addres	ss of Florida registered agent: (P.O. B NRAI Services, Inc.	ox <u>NQT</u> acceptable)		
Office Address:	1200 South Pine Island Road		, , , , , , , , , , , , , , , , , , , ,	
31110071001	Planting FI	33374	္ဆ	
	Plantation, FL (City)	, Florida 33324		
d accept the obligation	is of my position as registered agent.		. ζ''Σ	
	mi h	1 Two	* LIPKOJW 5	
	Registered age		LIPKOUN 5	
The name, title or can	Registered age	ont's signature)	,.	
The name, title or cap	mike	ont's signature)	,.	
Title or Capacity:	Registered age sacity and address of the person(s) who Name and Address:	ont's signature) o has/have authority to manage is/a	re:	
-	Registered age sacity and address of the person(s) who Name and Address: Steven R. Robbins	on's signature) o has/have authority to manage is/a Title or Capacity:	re: Name and Address:	
Title or Capacity:	Registered age sacity and address of the person(s) who Name and Address:	on's signature) o has/have authority to manage is/a Title or Capacity:	re: Name and Address; Mitchell B. Robbins	
Title or Capacity:	Regioned ago racity and address of the person(s) who Name and Address: Steven R. Robbins  120 Wells Avenue Newton, MA 02459	on's signature) o has/have authority to manage is/a Title or Capacity:	Name and Address:  Mitchell B. Robbins  120 Wells Avenue	
Title or Capacity: President	Registered ago racity and address of the person(s) who Name and Address:  Steven R. Robbins  120 Wells Avenue Newton, MA 02459  Kristi King  120 Wells Avenue	on's signature) o has/have authority to manage is/a Title or Capacity:	Name and Address:  Mitchell B. Robbins  120 Wells Avenue	
Title or Capacity: President	Regiment age racity and address of the person(s) who Name and Address:  Steven R. Robbins  120 Wells Avenue Newton, MA 02459  Tic Kristi King	on's signature) o has/have authority to manage is/a Title or Capacity:	Name and Address:  Mitchell B. Robbins  120 Wells Avenue	
Title or Capacity: President  Chief Operating Off	Registered ago racity and address of the person(s) who Name and Address:  Steven R. Robbins  120 Wells Avenue Newton, MA 02459  Kristi King  120 Wells Avenue Newton, MA 02459	on's signature) o has/have authority to manage is/a Title or Capacity:	Name and Address:  Mitchell B. Robbins  120 Wells Avenue	
Title or Capacity:  President  Chief Operating Off  Use attachments if nece  Attached is a certificat	Regimed age racity and address of the person(s) who Name and Address:  Steven R. Robbins  120 Wells Avenue Newton, MA 02459  To Kristi King  120 Wells Avenue Newton, MA 02459  Ressary)  The of existence, no more than 90 days of which it is organized. (If the certification of the ce	o has/have authority to manage is/a  Title or Capacity:  CEO  Old, duly authenticated by the offici	Name and Address:  Mitchell B. Robbins  120 Wells Avenue Newton, MA 02459	
Title or Capacity:  President  Chief Operating Off  Use attachments if neces  Attached is a certificate arisdiction under the law of the translator must be  0. This document is executive.	Regimed age racity and address of the person(s) who Name and Address:  Steven R. Robbins  120 Wells Avenue Newton, MA 02459  To Kristi King  120 Wells Avenue Newton, MA 02459  Ressary)  The of existence, no more than 90 days of which it is organized. (If the certification of the ce	o has/have authority to manage is/a  Title or Capacity:  CEO  Old, duly authenticated by the officinate is in a foreign language, a training of the control	Name and Address:  Mitchell B. Robbins  120 Wells Avenue Newton, MA 02459  ial having custody of records in instation of the certificate under aware that any false information	
Title or Capacity:  President  Chief Operating Off  Use attachments if nece  Attached is a certification under the law of the translator must be  This document is exe	Regiment age racity and address of the person(s) who Name and Address:  Steven R. Robbins  120 Wells Avenue Newton, MA 02459  To Kristi King  120 Wells Avenue Newton, MA 02459  ressary)  re of existence, no more than 90 days of which it is organized. (If the certification is submitted)  recuted in accordance with section 605. To the Department of State constitutes	o has/have authority to manage is/a  Title or Capacity:  CEO  Old, duly authenticated by the officinate is in a foreign language, a traction of third degree felony as provided for	Name and Address:  Mitchell B. Robbins  120 Wells Avenue Newton, MA 02459  ial having custody of records in instation of the certificate under aware that any false information	
Title or Capacity:  President  Chief Operating Off  Use attachments if nece  Attached is a certificate trisdiction under the law of the translator must be  0. This document is exe	Regiment age racity and address of the person(s) who Name and Address:  Steven R. Robbins  120 Wells Avenue Newton, MA 02459  To Kristi King  120 Wells Avenue Newton, MA 02459  ressary)  re of existence, no more than 90 days of which it is organized. (If the certification is submitted)  recuted in accordance with section 605. To the Department of State constitutes	o has/have authority to manage is/a  Title or Capacity:  CEO  Old, duly authenticated by the officinate is in a foreign language, a training of the control	Name and Address:  Mitchell B. Robbins  120 Wells Avenue Newton, MA 02459  ial having custody of records in instation of the certificate under aware that any false information	
Title or Capacity:  President  Chief Operating Off  Use attachments if nece  Attached is a certification under the law of the translator must be  This document is exe	Regiment age racity and address of the person(s) who Name and Address:  Steven R. Robbins  120 Wells Avenue Newton, MA 02459  To Kristi King  120 Wells Avenue Newton, MA 02459  ressary)  re of existence, no more than 90 days of which it is organized. (If the certification is submitted)  recuted in accordance with section 605. To the Department of State constitutes	o has/have authority to manage is/a  Title or Capacity:  CEO  Old, duly authenticated by the officinate is in a foreign language, a traction of the first degree felony as provided for a set-sett person.	Name and Address:  Mitchell B. Robbins  120 Wells Avenue Newton, MA 02459  ial having custody of records in instation of the certificate under aware that any false information	

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STATION HOUSE AT LAKE MARY 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 THIRTEENTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STATION HOUSE AT LAKE MARY LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2017.

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

Authentication: 203399227

Date: 10-13-17