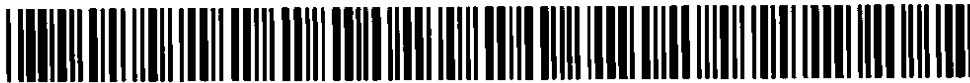


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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

****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
HRE/SEFIRA 1625, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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2017 OCT 24 PM 5:13

DIVISION OF CORPORATIONS

17 OCT 24 AM 9:26

FILED

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. HRE/SEFIRA 1625, LLC
 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. Applied For
 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon filing.
 (Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, P.S. to determine penalty liability).

5. 15807 Biscayne Boulevard, Suite 205
North Miami Beach, Florida 33160
 (Street Address of Principal Office)

6. 15807 Biscayne Boulevard, Suite 205
North Miami Beach, Florida 33160
 (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Aby Galsky
 Office Address: 15807 Biscayne Boulevard, Suite 205
North Miami Beach, Florida 33160
 (City) (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.

[Signature]
 (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
HRE/SEFIRA WESTON OFFICE MANAGER LLC, Manager
15807 Biscayne Boulevard, Suite 205
North Miami Beach, Florida 33160

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 certificate under oath of the translator must be submitted)

[Signature]
 Signature of an authorized person

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 a third degree felony as provided for in s.817.135, P.S.

Aby Galsky
 Typed or printed name of signer

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 17 OCT 24 AM 9:26
 DIVISION OF

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HRE/SEFIRA 1625, 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-FOURTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HRE/SEFIRA 1625, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2017.

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



6558882 8300

SR# 20176765406

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

Authentication: 203451967

Date: 10-24-17

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