## M17000009344

Office Use Only



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17 NOV-2 FN 4: 27

11/3/17

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 895722, 4330486

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: November 2, 2017

ORDER TIME : 3:01 PM

ORDER NO. : 895722-005

CUSTOMER NO: 4330486

## FOREIGN FILINGS

NAME: RESCORE 2ND STREET MEZZ, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

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:

	синиси планину с опірапу, щом інсінесе і п	limited Liability Company, "E.L.C.," or "E.L.C	
	aine adopted for the purpose of transacting basiness	in Flurida. The alternate name must machide "Limited	Fluidolay Caragany 7.71. L.C.7 or 71.LC.7)
DELAWARE			
if himselection mater the law of w	beti foreign linuted liability company is organized)	(FTf)	number, if applicable:
		· · · · · · · · · · · · · · · · · · ·	
	(Date first transacted business in Florida, if pr (See sections 602 0984 & 605,0905, F.S. to de	ion to registration ( letermone penulty luibility)	
ONE TOWN CENTER ROAD SUITE 600		6. ONE TOWN CENTER ROAD SUITE 600 (Mailing Address)  BOCA RATON, FL. 33486	
Process Address of Principal Office) BOCA RATON, FL 33486			
Name and street addres	s of Florida registered agent: (P.O.	Box NOT acceptable)	
Name;	CORPORATION SERVICE COM	•	
Office Address:	1201 HAYS STREET		
	TALLAHASSEE	, Florida 32301-1	2525
gistered agent's accep	(Chy)	ıZ p	render
comply with the provisi	ious of all statutes relative to the pro s of my po <del>nition</del> as registered agent.	oper and complete performance of n	act in this capacity. I further agr ny duties, and I am familiar with Roxanne Tur Asst. Vice Pres
comply with the provisi d accept the obligation.  The name, title or capa	ions of all statutes relative to the property of my position as registered agent.  (Registered agent)  (Registered agent)	oper and complete performance of n	ny duties, and I am familiar with  Roxanne Tur  Asst. Vice Pres
comply with the provision decept the obligation.  The name, title or capa  Title or Capacity:	ious of all statutes relative to the prosent of my position as registered agent.  (Regolered agent of the person(s) when the person (s) where (s) when the person (s) when the person (s) when the person (s) when the person (s)	no has/have authority to manage is/ard	ny duties, and I am familiar with Roxanne Tur Asst. Vice Pres
comply with the provisi d accept the obligation.  The name, title or caps	ious of all statutes relative to the prosent of my position as registered agent.  (Registered agent of the person(s) when and Address:  RESCORE OPERATING PARTNERS	no has/have authority to manage is/are  Title or Capacity:	ny duties, and I am familiar with  Roxanne Tur  Asst. Vice Pres
comply with the provision decept the obligation.  The name, title or capalities or Capacity:	ious of all statutes relative to the prosent of my position as registered agent.  (Regolered agent of the person(s) when the person (s) where (s) when the person (s) when the person (s) when the person (s) when the person (s)	no has/have authority to manage is/are  Title or Capacity:	ny duties, and I am familiar with  Roxanne Tur  Asst. Vice Pres
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## **Delaware**

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "RESCORE 2ND STREET MEZZ, 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 FIRST DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESCORE 2ND STREET MEZZ, LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2017.

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

6302804 8300

SR# 20176887199

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

Jeffrey W. Buffech, Secretary of State

Authentication: 203498093

Date: 11-01-17