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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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15. HARRIS



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2017

LDV COCONUT GROVE, LLC 108 WEST 13TH STREET WILMINGTON, DE 19801

SUBJECT: LDV COCONUT GROVE, LLC

Ref. Number: W17000086358

We have received your document for LDV COCONUT GROVE, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 817A00021791

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:

| (If name unevailable, enter alternate n | name adopted for the purpose of transacting business in | Florida. The alternate name must include "Limited Liab | iliry Company." "1_1.C | "สามัตา |
|---|--|--|---|-----------------------------------|
| 2. Delaware | | 2 | | 4 220.) |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | 3(FEI number | er, if applicable) | |
| 4. | | | | |
| | (Date first transacted business in Florida, if print (See sections 605.0904 & 605.0905, F.S. to detail | r to registration.) ermine penalty liability) | | |
| 5 | | | | |
| (Street Address of I | Principal Office) | 6. (Mailing Addre | ess) | |
| Wilmington, Delaware 19801 | | 108 West 13th Street | | |
| William Bon, Delawaje | . 17601 | Wilmington, Delaware 1980 |)1 : 5 | = |
| 7 Name and street address | ss of Florida registered agent: (P.O. B | 100 | 7. | 3 |
| 7. Trains and affect address | | ox NOT acceptable) | ÷; : | 63 |
| Name: | Chase Berger | | | - - |
| Office Address: | 3050 Biscayne Blvd, Suite 402 | | • | <u>.π.</u> . |
| | Miami | 33137 | | ထွ |
| Registered agent's accep | (City) | , Florida 33137 (Zip code) | !! | 2 |
| designated in this applicat to comply with the provisi | rgistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent. | f process for the above stated limited less registered agent and agree to act is er and complete performance of my discontinuous agents. | n this capacity | further core |
| designated in this application to comply with the provisions and accept the obligations | gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the arms | as registered agent and agree to act is er and complete performance of my di | n this capacity | further agre amiliar with |
| to comply with the provisi and accept the obligations 8. The name, title or capa | rgistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my postilion as registered agent. Accept and address of the person(s) who Name and Address: John Meadow | as registered agent and agree to act in er and complete performance of my discussion. (a signature) has/have authority to manage is/are: | n this capacity. I uties, and I am fi | further agre amiliar with |
| to comply with the provisi and accept the obligations 8. The name, title or capa Title or Capacity; | rgistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my postiling as registered agent. Registered agent. Active and address of the person(s) who Name and Address: | as registered agent and agree to act in er and complete performance of my discussion. (a signature) has/have authority to manage is/are: | n this capacity. I uties, and I am fi | further agre amiliar with |
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| to comply with the provisi and accept the obligations 8. The name, title or capa Title or Capacity; Manager | rgistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my postition as registered agent. Accept and address of the person(s) who Name and Address: John Meadow 3050 Biscayne Blvd, PH 1 Miami, FL 33137 | as registered agent and agree to act in er and complete performance of my discussion. (a signature) has/have authority to manage is/are: | n this capacity. I uties, and I am fi | further agre amiliar with |
| to comply with the provisi and accept the obligations 8. The name, title or capa Title or Capacity; Manager (Use attachments if necess) Attached is a certificate ourisdiction under the law of the complete the | registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. Registered agent active and address of the person(s) who Name and Address: John Meadow 3050 Biscayne Blvd, PH 1 Miami, FL 33137 Pary) of existence, no more than 90 days old of which it is organized, (If the certifice | as registered agent and agree to act in er and complete performance of my discussion. (a signature) has/have authority to manage is/are: | n this capacity. I uties, and I am for Name and Add | further agreemiliar with |
| 8. The name, title or capa Title or Capacity; Manager (Use attachments if necess Attached is a certificate ourisdiction under the law of the translator must be suited.) This document is executed. | registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. Re | day registered agent and agree to act in er and complete performance of my disconnection of my disconnecti | Name and Add | further agree amiliar with iress; |
| 8. The name, title or capa Title or Capacity; Manager (Use attachments if necess Attached is a certificate ourisdiction under the law of the translator must be suited.) This document is executed. | reistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. Registered agent and address of the person(s) who Name and Address: John Meadow 3050 Biscayne Blvd, PH 1 Miami, FL 33137 pary) of existence, no more than 90 days old of which it is organized. (If the certificate bmitted) atted in accordance with section 605.020 the Department of State constitutes a time. | day registered agent and agree to act in er and complete performance of my discrete and complete performance of my discrete authority to manage is/are: Title or Capacity: definition of the authority at the action of the acti | Name and Add | further agree amiliar with iress; |

Page 1



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

DELAWARE, DO HEREBY CERTIFY "LDV COCONUT GROVE, 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 203573159

Date: 11-15-17

6576663 8300 SR# 20177091833