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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 935035 AUTHORIZATION COST LIMIT ORDER DATE: November 30, 2017 ORDER TIME : 11:50 AM ORDER NO. : 935035-005 CUSTOMER NO: 7942723 FOREIGN FILINGS NAME: BARNETT TOWER DEVELOPER, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
SUBJE	Barnett Tower Develop	per, ELC				_
		Name of L	imited Liability C	Company		-
The enc Existenc	losed "Application by Foreig te, and check are submitted to	or Limited Liability Compa o register the above referen	any for Authoriza need foreign limit	tion to Trai ed liability	isact Business in Florida, company to transact bus	." Certificate of iness in Florida.
Please r	eturn all correspondence con	seeming this matter to the f	ollowing:			
	Pam Capko					
		Na	me of Person			_
	PH Jacksonville N	MM. Inc.				
	1,11	Fir	m'Company			-
	100 N City Pkwy.	., Ste. 1700				
			Address			-
	Las Vegas, NV/8	9106				
		City/St	ate and Zip Code			_
	pamc@molaskyco.c	com				
	E	E-mail address: (to be used	for future annual	report noti	fication)	-
For iurt	her information concerning t	his matter, please call:				
	Pam Capko		702 at (735-015	5	
	Name of C	Contact Person	Area Code	Davt	ime Telephone Number	— - -
	MAHLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section oilding outive Center Circle re, FL 32301	TILLID
Enclose		g amount: I \$130 00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, O of Status & Certified Co	_=: Certificate

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

IN COMPLIANCE WITH SECTION 605.0402 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter akternate na De l'aware	Limited Liability Company, must include "Limited"	LIMOBILY COMPANY. L.L.C., Of "LL			
Delaware			£.")		
Delaware	me adopted for the nurpose of transacting business in Florid	a. The aborners name must unclude "I must	4 Coheles Common 7-51 1 C	* #1 (C 7)	
•	and another the majority of the second the second of the second		i rammy company. The c.	ix LLC.)	
	sch toreign limited liability company is organized)	3. 82-3206931	number, if applicable)		
			тапаст, п приложи		
· 					
	(Date first trainsacted business in Florida, if prior to re- (See sections; n05 0904 & n05 0905; F.S. to determine	Estration (
100 N City Pkwy Ste 1	700	6. 100 N City Pkwy Ste 1	700		
(Street Address of P	uscipal Office)	(Mailing	Address)		
Las Vegas, NV 89106	<u>'</u>	Las Vegas, NV 89106			
. Name and street address	s of Florida régistered agent: (P.O. Box.)	NOT acceptable)			
Name:	Stephen L. Atkins				
Office Address:	4276 Great Oaks Lane				
	Jacksonville!	32207			
	(City)	, Florida 32207	o Cride)		
		nd complete performance of a	my duties and I am t	Samilian u	.i.L
nd accept the obligations	ons of all statutes relative to the proper a of my position as registered agent	and complete performance of i	my duties, and I am f	amiliar x	vith
nd accept the obligations	of my position as registered agent		my duties, and I am f	amiliar x	vith
nd accept the obligations	of my position as registered agent. Registered agent's sig	pakint)		amiliar n	vith
nd accept the obligations 3. The name, title or capa	of my position as registered agent. (Registered agent's significant address of the person(s) who has	have authority to manage is/ar		amiliar x	vith
nd accept the obligations	of my position as registered agent. Registered agent's sig	pakint)	c: Name and Ado	Iress ;	vith
nd accept the obligations S. The name, title or capa	of my position as registered agent. (Registered agent's significant address of the person(s) who has	have authority to manage is/ar	e:	Iress ;	vith
B. The name, title or capa	city and address of the person(s) who has Name and Address: PH Jacksonville MM, Inc. 100 N City Pkwy, Suite 1700	have authority to manage is/ar	c: Name and Ado		ith
B. The name, title or capa	city and address of the person(s) who has Name and Address: PH Jacksonville MM, Inc.	have authority to manage is/ar	c: Name and Ado	iress:	with
B. The name, title or capa	city and address of the person(s) who has Name and Address: PH Jacksonville MM, Inc. 100 N City Pkwy, Suite 1700	have authority to manage is/ar	Name and Ado	iress:	oùth
Title or Capacity:	city and address of the person(s) who has Name and Address: PH Jacksonville MM, Inc. 100 N City Pkwy, Suite 1700	have authority to manage is/ar	Name and Ade	Iress;	ih
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B. The name, title or capa	city and address of the person(s) who has Name and Address: PH Jacksonville MM, Inc. 100 N City Pkwy, Suite 1700	have authority to manage is/ar	Name and Ado	iressi 133 133 133 133 133 133 133 133 133 13	ith .
B. The name, title or capa	city and address of the person(s) who has Name and Address; PH Jacksonville MM, Inc. 100 N City Pkwy, Suite 1700 Las Vegas, NV 89106	have authority to manage is/ar	Name and Ado	iressi 133 133 133 133 133 133 133 133 133 13	où h

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BARNETT TOWER DEVELOPER, 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 THIRTIETH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BARNETT TOWER DEVELOPER, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2017.

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



Authentication: 203656814

Date: 11-30-17