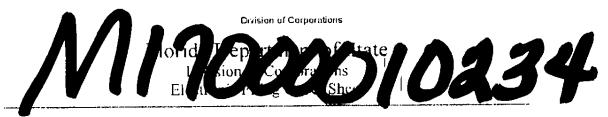
12/5/2017



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949 : (954)208-0845 Fax Number

**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 SPT Dolphin Hickory Pointe LLC

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COVER LETTER

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· .		Nadine Bethune		•		·		
				Name of Person				
		Paul Hastings L	[₃P					
		Firm/Company						
		1170 Peachtree	Street NE, Suite 100				·. · ·	
				Address				
	٠.	Atlanta, GA 301	309					
			City	/State and Zip Code				
	<i>.</i>	dnewherry@inrpi	roporty.com	•		•		٠.
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	Divisio Registr P.O. Be	ING ADDRESS: n of Corporations ation Section ox 6327 issee, FL 32314			Division- Registrat Clifton B 2661 Exc	FADDRESS: lof Cerporations ion Section building coutive Center Circle' see, FL 32301		
Finclo		eck for the follow 5.00 Filing Fee	ing arnount: ☐ \$130:00 Filing Fee & Certificate of Status	: 🔲 \$155.00 Fili Certified Copy		☐ \$160.00 Filing I	•	te

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 EURINESS IN THE STATE OF FLORIDA: 1. SPT DOLPHIN HICKORY POINTE LLC: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," (fireme unaveitable, must alternate name adopted for the purpose of translating business in Florida. The attenuate name must include "Limited Liability Company," "L.L.C." or "L.C.") 2. Delaware (Junisdiction under the law of which foreign limited liability company is organized) (FBI number, it applicable) 591 West Putnam Avenue 591 West Putnam Avenue (Street Address of Principal Office) ·(Stailing Address) Greenwich, CT 06830 Greenwich, CT 06830 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: . 1200 South Pine Island Road Office Address: Plantation 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 complifie performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. CT Corporation System (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Andrew J. Sossen Secretary 591 West Putnam Avenue Greenwich, CT 06830 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official lawing 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) 10. 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.817.155, F.S.



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SPT DOLPHIN HICKORY POINTE LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAT AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTH DAY OF DECEMBER, A.D. 2017.

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

.:. ::-

Authentication: 203686255

Date: 12-05-17