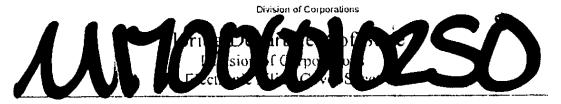
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	Fax Number	: (850)617-6383	<u> </u>
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	Account Name	: C T CORPORATION SMSTEM	~-
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	Phone	: (512)418-6949	_
	Fax Number	: (954)208-0845	<b>19</b> 2
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## Foreign Limited Liability Company SPT Dolphin Park Avenue LLC

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		Paul Hastings	LLP						
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		1170 Peachtree	Street NE, Suite	100					
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				City/S	State and Zip Co	de			
		dnewberry@lnm	property.com						
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0902 FLORIDA STATUTES. THE FOLLOWING ISSUMMITED TO REGISTER A FOREKIN. LIMITED HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SPT DOLPHIN PARK AVENUE LLC (Name of Foreign Limited Linbility Company; must include "Limited Linbility Company," "L.L.C.," or "LLC.") Of partie unavailable, cover atternate mone adopted for the purpose of managering business in Florida, The atternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 2. Delaware (Firl number, if applicable) (Aurisdiction under the law of which foreign burited liability company is erganized) (Date first transacted business in Florida, Biprior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6. 591 West Putnam Avenue 591 West Putnam Avenue (Street Address of Principal Office) (Mailing Address) Greenwich, CT 06830 Greenwich, CT 06830 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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. C T Corporation System By: .aughrey, Asst..Secretary (Reputered agent's manature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity: Secretary Andrew J. Sossen 591 West Putnam Avenue (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, dely authendeated 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) 10. This document is executed in accordance with section 605,0203 (1) (b), Elurida 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. Q SOVI Typed or printed came of times



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPT DOLPHIN PARK AVENUE 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 FIFTH DAY OF DECEMBER, A.D. 2017.

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

SR# 20177385930 You may verify this certificate online at corp.delaware.gov/authver.shtml

6641612 8300

Authentication: 203686273

Date: 12-05-17