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(Requestor's Name)	
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PICK-UP WAIT	MAIL
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J. HARRIS

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

ACCOUNT NO. : 120000000195

REFERENCE : 11930 NARCOOSSEE ROAD, LLC (BRIAN CLY)

AUTHORIZATION

COST LIMIT : \$125.00

ORDER DATE : 12/06/2017

ORDER TIME : :

ORDER NO. :

CUSTOMER NO: 11930 NARCOOSSEE ROAD, LLC

FOREIGN FILINGS

NAME: 11930 NARCOOSSEE ROAD, LLC

XXXX LLC QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XXX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

of

TO:

Registration Section

Division	of Corporation	15					
SUBJECT:			RCOOSSEE ROAD,				
Name of Limited Liability Company							
The enclosed "Ap Existence, and ch	oplication by For eck are submitte	eign Limited Liability Com d to register the above refer	pany for Authorization	on to Tra i liability	nsact Business in Florida," Certi company to transact business in	ficate of Florida.	
Please return all o	orrespondence c	oncerning this matter to the	following:				
	Michael J. Perlowski						
	Name of Person						
Mayer Brown LLP							
	Firm/Company						
	71 South Wacker Drive						
Address							
Chicago, Illinois 60606							
	City/State and Zip Code						
_	nicole.pryor@farmersinsurance.com E-mail address: (to be used for future annual report notification)						
For further inform	nation concernin	g this matter, please call:	a for future aimual re	port noti	incation		
rot futther inform	iation concerning	g this matter, piease can.					
Nicole	Pryor		818 at ()	965.028			
· · · · · · · · · · · · · · · · · · ·	Name o	f Contact Person	Area Code	Dayt	time Telephone Number		
Division Registrat P.O. Box	of Corporations tion Section 6327 see, FL 32314		D R C 2	Division of Legistration Clifton Bu 661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
Enclosed is a chec	ck for the follow 00 Filing Fee	ing amount: \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certification of Status & Certified Copy	ate	

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: 11930 NARCOOSSEE ROAD, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign lumbed liability company is organized) --- upon filing ---(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0501 & 605.0505, F.S. to determine pennly liability) 6301 Owensmouth Avenue, 3rd Floor 6301 Owensmouth Avenue, 3rd Floor (Mailing Address) (Street Address of Principal Office) Woodland Hills, California 91367 Woodland Hills, California 91367 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: , Florida 32301 Tallahassee 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 Roxanne Turner and accept the obligations of my position as registered agent, Asst. Vice President Corporation Service Company (Registered agent's signature) 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: Name and Address: Title or Capacity: Clarion Partners, LLC manager 601-S. Figueroa St., Stc. 3600 Los Angeles, CA 90017 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated 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), 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. Khalid Rashid

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "11930 NARCOOSSEE ROAD, 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 SEVENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "11930 NARCOOSSEE ROAD, LLC" WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 203533919

Date: 11-07-17