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| (Requestor's Name) |
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| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 944280 5174517 AUTHORIZATION : COST LIMIT ORDER DATE: December 7, 2017 ORDER TIME : 2:04 PM ORDER NO. : 944280-005 CUSTOMER NO: 5174517 FOREIGN FILINGS NAME: AIRPORT CENTER AT HOFFNER GP LLC XXXX QUALIFICATION (TYPE: <u>LL</u>) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Roxanne Turner -- EXT# 62969 EXAMINER:

COVER LETTER

| TO: | tegistration Section livision of Corporations | | | |
|--------------------|--|---|---|--|
| SUBJE | Airport Center at Hoffner GP LLC | | | |
| | | mited Liability Company | | |
| The end Existen | sed "Application by Foreign Limited Liability Compa and check are submitted to register the above referen | ny for Authorization to Tr ced foreign limited liabili | ransact Business in Florida," Certificate of ty company to transact business in Florida. | |
| Please | rm all correspondence concerning this matter to the fo | llowing: | | |
| | Fred Tkalec | | | |
| | Nan | ne of Person | | |
| | Dalfen America Corp. | | | |
| Firm/Company | | | | |
| | 4444 Ste. Catherine Street West, Suite 100 | | | |
| | | Address | | |
| | Westmount, Quebec, Canada H3Z 1R2 | | | |
| | City/Stat | e and Zip Code | | |
| | ftkalcc@dalfen.com | | | |
| | E-mail address: (to be used f | or future annual report no | tification) | |
| For furt | information concerning this matter, please call: | | | |
| | red Tkalec | 514 938-10 | 050 x206 | |
| | Name of Contact Person | Area Code Da | ytime Telephone Number | |
| | AILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314 | Division Registrat Clifton E 2661 Ex | of Corporations tion Section Building ecutive Center Circle see, FL 32301 | |
| Enclose | | □ \$155.00 Filing Fee & Certified Copy | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy | |

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:

| name unavailable, enter alternate n | ame adopted for the purpose of transacting business i | in Florida. The alternate name must include "Limited Lin | bility Company," "L.L.C," or "L. | |
|--|--|--|---|--|
| Delaware | | 3. N/A | | |
| (Jurisdiction under the law of wh | tach foreign limited liability company is organized) | (FEI man | ber, if applicable) | |
| Date of filing. | | | | |
| | (Date first transacted business in Florida, if pri (See sections 605 0904 & 605,0905, F.S. to de | or to registration) etermine penalty liability) | | |
| 4444 Ste. Catherine St | reet West, Suite 100 | 6. 4444 Ste. Catherine Street | West, Suite 100 | |
| (Street Address of F Westmount, Quebec | 'rincipal Office) | | (Mailing Address) Westmount, Quebec | |
| Canada H3Z 1R2 | | Canada H3Z 1R2 | | |
| Canada 1152 TKL | | Carlada 1132 1142 | 15 to and | |
| Name and street address | s of Florida registered agent: (P.O. I | Roy NOT accentable) | - | |
| | | DOX (NOT acceptable) | | |
| Name: | Corporation Service Company | | · | |
| Office Address: | 1201 Hays Street | | · · · · · · · · · · · · · · · · · · · | |
| | Tallahassee | , Florida 32301 (7/ip cod | . i | |
| | (Ciry) | , Florida(Zip cod | (c) | |
| | of my position as registered agent Corporation Service Company By: | Deer and complete performance of my Culcul Quent end's signature) | duties, and I am famili Roxanne Asst. Vice | |
| nd accept the obligations . The name, title or capa | cof my position as registered agent. Corporation Service Company (Registered agent.) (Registered agent.) | Culcul Quene ent's signature) o has/have authority to manage is/are: | Roxanne Asst. Vice | |
| The name, title or capa | cof my position as registered agent. Corporation Service Company By: (Registered agent.) (Registered agent.) (Registered agent.) (Registered agent.) | o has/have authority to manage is/are: | Roxanne | |
| nd accept the obligations . The name, title or capa | cof my position as registered agent. Corporation Service Company By: (Registered agent.) (Registered agen | o has/have authority to manage is/are: Title or Capacity: artnerhip | Roxanne Asst. Vice | |
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AIRPORT CENTER AT HOFFNER GP 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 DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AIRPORT CENTER AT HOFFNER GP LLC" WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 2017.

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

6647590 8300

SR# 20177442987

Date: 12-07-17

Authentication: 203707443

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