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COVER LETTER

LMB Auburn Hill SUBJECT:			
		Limited Liability Comp	pany
			to Transact Business in Florida," Certificate o ability company to transact business in Florida
Please return all correspondence	concerning this matter to the	following:	
Gregory M. K	Caskey		
	N	ame of Person	
Dinsmore & S	Shohl LLP		
	f	irm/Company	
One S. Main	Street, Suite 1300		
 		Address	· · · · · · · · · · · · · · · · · · ·
Dayton, Ohio	45402		
	City S	tate and Zip Code	
gregory.kaskey	@dinsmore.com		
	E-mail address: (to be use	d for future annual repo	ort notification)
For further information concerni	ing this matter, please call:		
Greg Kaskey			49-6425
Name	of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divi Reg Clif 266	REET ADDRESS: ision of Corporations istration Section ion Building 1 Executive Center Circle lahassee, FL 32301
Enclosed is a check for the follo	wing amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee	e & S160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign			
(* a	n Limited Liability Company, must include "Lir	mited Liability Company, ""L.L.C.," or	"I.C.")
(If no set unique debts and also			
2. Onio	name adopted to: the purpose of transacting business in	Florida. The alternate mante must include "Lin	nited Liability Company, T "L. L. C." or "L.L.C.")
	shelt freegn limited liability company is organized)	3	
		ti	of number, if applicable)
4. 12/4/2017	(Date first instanced between a floring)		
2172 6 11	(Date first transacted business in Florida, if prior (Nec sections 605 0904 & 605 0905, F.S. in dete	ermine penalty liability)	
5. 3171 Golden Avenue (Street Address of	Powerel Office)	6. 3171 Golden Avenue	
Cincinnati, Ohio 4522		Cincinnati, Ohio 4522	ang Address)
			ر. م
	-	· 	W
7. Name and street address	ss of Florida registered agent: (P.O. Bo	OV NOT apparently	
	C T Corporation System	on Mor acceptable)	• •
Name:			·
Office Address:	1200 South Pine Island Road		d.
	Plantation		4
Registered agent's accep	(City)	, Florida 33324	Zip code:
	of my position as registered agent.	as registered agent and agree to er and complete performance of James M. H	o act in this capacity. I further of I my dutles, and I am familiar w. Alpin
and accept the obligations 8. The name, title or capa	of my nosition as registered agent. (Machine gent) city and address of the person(s) who had	James M. H	act in this capacity. I further a my dutles, and I am familiar wi alpin etary
B. The name, title or capa	city and address of the person(s) who have and Address:	James M. H	alpin etary
and accept the obligations 3. The name, title or capa	city and address of the person(s) who hame and Address: 3171 Golden Avenue	James M. H supumue: Assistant Secretary has/have authority to manage is/a	act in this capacity. I further a my dutles, and I am familiar wi alpin etary
3. The name, title or capa	city and address of the person(s) who have and Address:	James M. H suprature: Assistant Secretary has/have authority to manage is/a	act in this capacity. I further of my duties, and I am familiar will alpin etary Name and Address:
Title or Capacity:	city and address of the person(s) who hame and Address: 3171 Golden Avenue	James M. H suprature: Assistant Secretary has/have authority to manage is/a	act in this capacity. I further of my duties, and I am familiar w. alpin etary are: Name and Address: 3171 Golden Avenue
nd accept the obligation. The name, title or capa Title or Capacity:	city and address of the person(s) who hame and Address: 3171 Golden Avenue	James M. H suprature: Assistant Secretary has/have authority to manage is/a	act in this capacity. I further of my duties, and I am familiar water and I am familiar water and I am familiar water and I am familiar water. Name and Address: 3171 Golden Avenue
Title or Capacity:	city and address of the person(s) who hame and Address: 3171 Golden Avenue	James M. H suprature: Assistant Secretary has/have authority to manage is/a	act in this capacity. I further of my duties, and I am familiar w. alpin etary are: Name and Address: 3171 Golden Avenue
3. The name, title or capa Title or Capacity: Lloyd M. Bernstein	city and address of the person(s) who hame and Address: 3171 Golden Avenue Cincinnati, Ohio 45226	James M. H suprature: Assistant Secretary has/have authority to manage is/a	act in this capacity. I further of my duties, and I am familiar water and I am familiar water and I am familiar water and I am familiar water. Name and Address: 3171 Golden Avenue
B. The name, title or capa Title or Capacity: Lloyd M. Bernstein	city and address of the person(s) who hame and Address: 3171 Golden Avenue Cincinnati, Ohio 45226	James M. H suprature) Assistant Secretary has/have nuthority to manage is/a Title or Capacity: Sole Member	act in this capacity. I further of my duties, and I am familiar walliar wallia
3. The name, title or capa Title or Capacity: Lloyd M. Bernstein Jse attachments if necess: Attached is a certificate crisdiction under the law or	city and address of the person(s) who hame and Address: 3171 Golden Avenue Cincinnati, Ohio 45226 ary) of existence, no more than 90 days old, f which it is organized. (If the certifica	James M. H suprature) Assistant Secretary to manage is/a Title or Capacity: Sole Member	act in this capacity. I further of my duties, and I am familiar was alpin etary are: Name and Address: 3171 Golden Avenue Cincinnati, Ohio 45226
8. The name, title or capa Title or Capacity: Lloyd M. Bernstein Use attachments if necess: Attached is a certificate or isdiction under the law of the translator must be suff. This document is execut.	city and address of the person(s) who hame and Address: 3171 Golden Avenue Cincinnati, Ohio 45226 ary) of existence, no more than 90 days old, f which it is organized. (If the certifica	James M. H suprature) Assistant Secretary has/have authority to manage is/a Title or Capacity: Sole Member duly authenticated by the official te is in a foreign language, a tran	act in this capacity. I further at my dutles, and I am familiar with alpin etary are: Name and Address: 3171 Golden Avenue Cincinnati, Ohio 45226 al having custody of records in the station of the certificate under oa
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UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show LMB AUBURN HILLS I, LLC, an Ohio Limited Liability Company, Registration Number 1082053, was organized within the State of Ohio on June 11. 1999, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of December, A.D. 2017.

Ohio Secretary of State

Jon Hastel

Validation Number: 201734501890