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JALENIKSSEE BEORID

18 JAH 25 AH II

T. F. C.

S. WARREN JAN 2 6 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : A03

034221 4305581

AUTHORIZATION

COST LIMIT : \$ 160.00

ORDER DATE: January 22, 2018

ORDER TIME : 11:18 AM

ORDER NO. : 034221-040

CUSTOMER NO: 4305581

FOREIGN FILINGS

NAME: ARC RENTAL MSR I, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

COVER LETTER

TO: Registration Section

Divis	sion of Corporation	ns .				
	ARC RENTAL MS					
_		Name of	Limited Liability Co	ompany		
The enclosed Existence, and	"Application by Foo I check are submitte	reign Limited Liability Comp ed to register the above refer	pany for Authorizati enced foreign limite	on to Tra d liability	nsact Business in Florida," company to transact busine	Certificate of ess in Florida.
Please return a	all correspondence	concerning this matter to the	following:			
	Jason Roach					
		N.	ame of Person			
	c/o Global Atla	antic Financial Company				
		Fi	rm/Company			
	4 World Trade	Center, 51st Floor, 150 Gree	enwich St.			
			Address			
	New York, NY	10007				
		City/S	tate and Zip Code			
	barrie.ribet@gaf	g.com				
		E-mail address: (to be used	d for future annual r	eport not	fication)	
For further inf	ormation concerning	g this matter, please call:				
Jane	t Groome		215 at (994-289	96	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divis Regis P.O.	LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314] [Division o Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301	
	check for the follow 25.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	Fee &	■ \$160.00 Filing Fee. Ce of Status & Certified Cop	

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ARC	(Name of Foreign		imited Liability Company," "L.L.C.," or "LLC	")
<u> </u>	nu subble errer abenine e	name adopted for the purpose of transaction business	in Florida. The alternate name must include "Limited I	ishila Computa Tat 1 C To 211 C To
		many manyied the the pulpase of transacting curatess		uning Congress Free Dr. Free J
2. Delav		high foreign limited liability company is organized)	3. N/A (it.) mi	unber, (fappiscable)
٠		(Date first transacted business in Florida, if pn (See sections 605 0904 & 605 0905, F.S. to de	nor to registration.)	
- c/o (Global Atlantic Fir		o/o Clabal Atlantia Figur	ucial Group
5. <u>c/o</u>	(Street Address of		6. C/O Global Atlantic Finan	
4 W	orld Trade Ctr. 51:	st Fl., 150 Greenwich St.	4 World Trade Ctr, 51st F	L., 150 Greenwich St.
New	York, NY 10007		New York, NY 10007	<u> </u>
7. Nam		ss of Florida registered agent: (P.O. I Corporation Service Company	Box <u>NOT</u> acceptable)	AN 25 AN 25
	Name:	Corporation Service Company		AM II: 32
	Office Address:	1201 Hays Street		=
		Tallahassee	, Florida 32301	重益 8
		(Csty)	(Zip Cr	
to comp	oly with the provisi		oper and complete performance of my	duties, and I am familiar with
to comp	oly with the provisi	ions of all statutes relative to the pross of my portion as registered agent. Corporation Service Company By:	oper and complete performance of my	Roxanne Turner
to comp	oly with the provisi	ions of all statutes relative to the pross of my portion as registered agent. Corporation Service Company By:	oper and complete performance of my	duties, and I am familiar with
to comp and acc 8. The	oly with the provisi rept the obligation.	ions of all statutes relative to the pross of my position as registered agent. Corporation Service Company By: (Registered age	oper and complete performance of my	Roxanne Turner
to comp and acc 8. The	oly with the provision. The obligation. The name, title or capa The or Capacity:	ions of all statutes relative to the pross of my portion as registered agent. Corporation Service Company By: (Registered agent) actity and address of the person(s) who	oper and complete performance of my ent's signature) o has/have authority to manage is/are:	Roxanne Turner Asst Vice President
to comp and acc 8. The <u>Titl</u>	oly with the provision. The obligation. The name, title or capa The or Capacity:	ions of all statutes relative to the pross of my position as registered agent. Corporation Service Company By: (Registered agent) active and address of the person(s) who Name and Address:	oper and complete performance of my cont (signature) o has/have authority to manage is/are: Title or Capacity:	Roxanne Turner Asst Vice President
8. The	oly with the provision. The obligation. The name, title or capa The or Capacity:	ions of all statutes relative to the pros of my position as registered agent. Corporation Service Company By: (Registered agent) (Registered ag	oper and complete performance of my cont (signature) o has/have authority to manage is/are: Title or Capacity:	Roxanne Turner Asst Vice President
8. The Titl	oly with the provision. The obligation. The name, title or capa The or Capacity:	ions of all statutes relative to the pross of my position as registered agent. Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Paul Vambutas 4 World Trade Ctr., 51st F New York, NY 10007	oper and complete performance of my cont (signature) o has/have authority to manage is/are: Title or Capacity:	Roxanne Turner Asst Vice President
8. The Titl SV	name, title or capale or Capacity: P tachments if necess hed is a certificate	ions of all statutes relative to the pros of my position as registered agent. Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Paul Vambutas 4 World Trade Ctr., 51st F New York, NY 10007 sary) of existence, no more than 90 days of which it is organized. (If the certification is sorganized)	oper and complete performance of my cont (signature) o has/have authority to manage is/are: Title or Capacity:	Roxanne Turner Asst Vice President Name and Address:
8. The Titl SV (Use an of the trail of the t	name, title or capale or Capacity: The obligation of the obligation of the obligation of the or Capacity: The or Capac	ions of all statutes relative to the pros of my position as registered agent. Corporation Service Company By: Registered age acity and address of the person(s) who Name and Address: Paul Vambutas 4 World Trade Ctr., 51st F New York, NY 10007 sary) of existence, no more than 90 days of which it is organized. (If the certification in accordance with section 605.0)	oper and complete performance of my cont's signature) o has/have authority to manage is/are: Title or Capacity:	Roxanne Turner Asst Vice President Name and Address: having custody of records in the ution of the certificate under oath
8. The Titl SV (Use an of the trail of the t	name, title or capale or Capacity: The obligation of the obligation of the obligation of the or Capacity: The or Capac	ions of all statutes relative to the pros of my position as registered agent. Corporation Service Company By: Registered agent acity and address of the person(s) who Name and Address: Paul Vambutas 4 World Trade Ctr., 51st F New York, NY 10007 sary) of existence, no more than 90 days of which it is organized. (If the certification in the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes are serviced as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes are serviced as a service of the Department of Sate constitutes are serviced as a service of the Department of Sate constitutes are serviced as a service of the Department of Sate constitutes are serviced as a serviced	ohas/have authority to manage is/are: Title or Capacity: Old, duly authenticated by the official hicate is in a foreign language, a translational (1) (b). Florida Statutes, I am awa	Roxanne Turner Asst Vice President Name and Address: having custody of records in the ution of the certificate under oath
8. The Titl SV (Use an end of the training t	name, title or capale or Capacity: The obligation of the obligation of the obligation of the or Capacity: The or Capac	ions of all statutes relative to the pros of my position as registered agent. Corporation Service Company By: Registered agent acity and address of the person(s) who Name and Address: Paul Vambutas 4 World Trade Ctr., 51st F New York, NY 10007 sary) of existence, no more than 90 days of which it is organized. (If the certification in the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes are serviced as a service of the Department of Sate constitutes as a service of the Department of Sate constitutes are serviced as a service of the Department of Sate constitutes are serviced as a service of the Department of Sate constitutes are serviced as a service of the Department of Sate constitutes are serviced as a serviced	o has/have authority to manage is/are: Title or Capacity: Il. Old, duly authenticated by the official hicate is in a foreign language, a translational degree felony as provided for in	Roxanne Turner Asst Vice President Name and Address: having custody of records in the ution of the certificate under oath

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ARC RENTAL MSR I, 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 TWENTY-SECOND DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARC RENTAL MSR

I, 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.

Authentication: 202008931

Date: 01-22-18

6647603 8300 SR# 20180395752