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From:  Account Name : CAPITOL SERVICES, INC.  Account Number : 120160000017  Phone : (800)345-4647  Fax Number : (800)432-3622	To:	D		چ چ <u>.</u>	2010
From:  Account Name : CAPITOL SERVICES, INC.  Account Number : 120160000017  Phone : (800)345-4647  Fax Number : (800)432-3622  *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**			_		
Account Name : CAPITOL SERVICES, INC. * CAPITO		Fax Number	: (850)617-6383	+ =	1-1
Account Number: 120160000017 Phone: (800)345-4647 Fax Number: (800)432-3622  *Enter the email address for this business entity to be used for futul annual report mailings. Enter only one email address please.**	From:			۰ <u>.</u>	1,73
Phone : (800)345-4647 Fax Number : (800)432-3622  *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**		Account Name	: CAPITOL SERVICES, INC.	*	Ċ.,
Phone : (800)345-4647 Fax Number : (800)432-3622  *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**		Account Number	: 120160000017		
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## Foreign Limited Liability Company GO 555 WASHINGTON OWNER, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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J. Help

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Corporate Filing Menu

## COVER LETTER

	stration Section sion of Corporation	ns		
SUBJECT:	GO 555 WASH	INGTON OWNER, LI		
		Name of	Limited Liability Company	
The enclosed Existence, and	"Application by For defect are submitted	reign Limited Liability Com d to register the above refer	pany for Authorization to Tra enced foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return i	all correspondence	concerning this matter to the	following:	
	<del> </del>	N	ame of Person	<del>, , , , , , , , , , , , , , , , , , , </del>
	Capitol Sen	rices - Corporate Filin	gs Team	
		F	irm/Company	
	515 East Pa	rk Avenue 2nd Fl		
			Address	
	Tallahassee	FL 32301		
		City/S	State and Zip Code	
	csmith@ea	tenccap.com		
		b-mail address; (to be use	d for future annual report no	(IIICALIOII)
For further inf	formation concerning	g this matter, please call:		
			at ( 855 ) 498-5	5500
	Name	of Contact Person	Area Code Day	rtime Telephone Number
Divis	JUNG ADDRESS:		Division	FADDRESS: of Corporations
_	stration Section Box 6327		Registrat Clifton B	ion Section Building
•	shassee, FL 32314		2661 Exc	ecutive Center Circle see, FL 32301
	check for the follow 125.00 Filing Fee	ring amount: \$\sum \frac{1}{30.00}\$ Filing Fee & Certificate of Status	\$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 $^{\prime\prime}$

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:

fitaine unavailable, enter alternate mind	adopted for the purpose of transacting business in Florida,	The alt	erniru name must ineliide "Limi	ted Liability Con	rpanny," "IJ.	.C," or "1.1.C.")
Delaware	foreign (myted hability company is organized).	3.	82-3995649	I market, if are	Jica Na V	
	media (Marica ustrimis sombsets is references).		<b>V.</b>	a manager, is up-p		
N/A	(Date first transacted husiness in Florida, if prior to regist (See sections 503,0904 & 605,0905, F.S. to determine pe	tration.				
COO NA 15 A				44.		
600 Madison Avenu	pal Office)	6.	600 Madison Avi	enue, 11t ng Address)	<u>h Floor</u>	
New York, NY 10022	<u> </u>	-	New York, NY 10	0022	<b>&gt;</b> ~(*)	
		_			<u> </u>	<del></del>
					* _	i digita di seri
Name and street address of	f Florida registered agent: (P.O. Box No.	OT a	cceptable)		•	ů.
Name:	apitol Corporate Services, Inc.		<del></del>		1	<u>41</u>
Office Address: 5	15 East Park Avenue 2nd Floor	• •	TAR I			රස
			Floride 323	01.		డు
<u>-</u>	allahassee (Cxy)		, Florida <u>323</u> 6	Zip code)	•	
aving been named as regis signated in this application comply with the provision	tered agent and to accept service of proc n, I hereby accept the appointment as re s of all statutes relative to the proper and I my position as registered agent.	giste d con llock	red agent and agree to	o act in this f my duties, sistant S	capacity . und I ar iecretai	o. I further o n familiar w O ON
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## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GO 555 WASHINGTON OWNER, 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 ELEVENTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GO 555

WASHINGTON OWNER, LLC" WAS FORMED ON THE THIRTEENTH DAY OF

NOVEMBER, A.D. 2017.

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

Authentication: 201958412

Date: 01-11-18

6613635 8300 SR# 20180206138

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