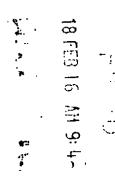
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SELUNCTARY OF STATE
TAFT ANASSET PLORE

O SIMMONS

FFB 1 9 70'0

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	:	12000000019	5
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REFERENCE : 073803 4816510

AUTHORIZATION : Conclude the same of the s

COST LIMIT : \$(160.700

ORDER DATE: February 15, 2018

ORDER TIME : 8:26 AM

ORDER NO. : 073803-005

CUSTOMER NO: 4816510

FOREIGN FILINGS

NAME: HRA QUAD LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

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 Division of Corporations

SUBJECT:	RA QUAD LLC					
		Name of	Limited Liability	Company		
The enclosed "/ Existence, and o	Application by For check are submitte	eign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limi	ition to Tra ted liability	nnsact Business in Florida," y company to transact busin	Certificate of less in Florida.
Please return al	l correspondence c	concerning this matter to the	following:			
		И	ame of Person			
	 	17:	irm/Company			
		rı	пти сотрану			
			Address			
		City/S	tate and Zip Code			
		E-mail address: (10 be used	for future annual	report not	ification)	
For further infor	rmation concerning	g this matter, please call:		•	,	
	Name o	f Contact Person	at (Area Code	_)(]	time Telephone Number	
	, vanie o	Contact i Cison	Area Cone			
	ING ADDRESS:				ADDRESS:	
	on of Corporations ration Section				of Corporations ion Section	
	ox 6327			Clifton B		
	assee, FL 32314			2661 Exe	cutive Center Circle see, FL 32301	
Enclosed is a ch	eck for the follow	ing amount:				
	5.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

IN COMPHANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED IT IBBITIS. COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Cname imavailable, enter alternate m	and adopted for the purpose of transacting business in Flo	uida. The alternate its ne must mebide "Limits	at Leability Congruiny L.L.C. on 13.67. 2
WASHINGTON		3.	
(Jurisdiction one et the law of wi	nch (oreign bituied liability company is organized)	(1)	Cinoster (Capple dile)
Upon Registration			
	(Date lits) transacted bismess in Flerida, if prior to (See sections 605,0904 & 605 0905, F.S. to determ	registration (one penalty liability)	
2003 Western Avenue,	Suite 445	6. 2003 Western Avenue.	. Suite 445
(Succe Address of P Scattle, WA 98121-21		Sentile, WA 98121-21	
Scattle, WA 98121-21	83	30aac, WW 58121* 1	
			* .* O'
No. 10 months of the Control of the	filled to select the two to O. Bay	NOT appearable)	9.
. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	(MAT_acceptable)	ب ب
Name;	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tailahassee	Clorea C391	
		, Florica	
laving been named as reg esignated in this applican comply with the provision	gistered agent and to accept service of jion, I hereby accept the appointment a ons of all statutes relative to the proper of my positing as registered agent.	process for the above stated lim is registered agent and agree to	act in this capacity. I further agre my duties, and I am familiar with Roxanne Turner
esignated in this applical o comply with the provision and accept the obligations	Tance: gistered agent and to accept service of gion, I hereby accept the appointment a ons of all statutes relative to the proper of my position as registered agent. Corporation Service: Compart By (Registered agent's	process for the above stated lines registered agent and agree to and complete performance of signature)	ited fiability company at the place act in this capacity. I further agre my duties, and I am jamiliar with. Roxanne Turner Asst. Vice Presiden
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Javing been named as regestignated in this applicate of comply with the provisional accept the obligations. 3. The name, title or capa Title or Capacity: Manager Use attachments if necess. Attached is a certificate	tance: gistered agent and to accept service of pion, I hereby accept the appointment a ons of all statutes relative to the proper of my position as registered agent. Corporation Service Compart By (Registered agent's city and address of the person(s) who have and Address: HRA Manager LLC 2003 Western Ave., Suite 445 Scattle, WA 98121-2185	strocess for the above stated lines registered agent and agree to and complete performance of signature. In the or Capacity: duly authenticated by the official	Asst. Vice Presider Name and Address:

Typed or printed name of signer



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

HRA QUAD LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 02/14/2018.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 02/14/2018 UBI Number: 604 227 194

STATIFICATION OF THE STATIFICA

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

ten Ulyna

Date Issued: 02/14/2018