Division of Corporations
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|              | Fax Number                              | : (850)617-6383              | <b>29</b><br>SSE |
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| From:        | Descript Nome                           | : CORPORATE CREATIONS INTERN | VATIONAL INO.    |
|              | Account Name                            | : 110432003053               | 24               |
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## Foreign Limited Liability Company LMV II Venture Developer, LLC

| Certificate of Status | 1        |
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605/902, FLORIDA STATUTES, THE POLLOWING IS SESMITTED TO RECISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAL 1. LMV II Venture Developer, LLC (Name of Foreign Limited Lishnity Company, must include "Limited Lishnity Company," "LLC.," or "LLC.") (If many mary likely, once after me name adopted for the purpose of transacting business in Florida. The elternate name must include "Limited Liability Company," "L L C," or "LLC") 3. 82-4911395 (+ £1 mamber, it applies 5'e) (Jurisdiction under the law of which foreign brutes liability company is organized) 6. 700 N.W. 107th Avanue 700 N.W. 107th Avenue (Sitted Address of Principal Office) Suite 400 Suite 400 Miami, FL 33172 Miemi, FL 33172 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pinc Island Road Office Address: Piantation Registered agent's acceptance: Having been named as registered agent and to accept service of process for the shove stated limited liability company at the pla designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fligher agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I'am familiar with and accept the obligations of my position as registered agent. ټ. 3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Lennar MF Holdings, LLC Member 700 N.W. 107th Avc., Stc. 400 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. of an authorized pense,

Typed or printed name of signer

Mark Sustana

## Delaware The First State

1701

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LMV II VENTURE DEVELOPER, 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-EIGHTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LMV II VENTURE DEVELOPER, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2018.

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

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SR# 20182270279

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

Authentication: 202412777

Date: 03-28-18