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| (Requestor's Name) | | | | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
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| Certified Copies | _ Centificates | of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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SECRETARY OF STATE ON SIGN OF CORPORATION

B FIGUEROA APR 0 4 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 143766 | 5039778

AUTHORIZATION : Spelle Blend

COST LIMIT : \$ ℃6×-00

ORDER DATE : April 2, 2018

ORDER TIME : 10:04 AM

ORDER NO. : 143766-005

CUSTOMER NO: 5039778

FOREIGN FILINGS

NAME: PASSCO POINT MT, 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# 62969

EXAMINER:

COVER LETTER

TO:

| TO: | | ration Section on of Corporation | ns | | | Γ΄ | | |
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| SUBJE | | assco Point MT, L | | | | | | |
| | | Name of Limited Liability Company | | | | | | |
| | | | | | | nsact Business in Florida," Certificate o company to transact business in Florid | | |
| Please r | eturn al | l correspondence (| concerning this matter to the | following: | | | | |
| | | Amy Giannam | ore, Esq. | | | | | |
| | DLA Piper LLP (US) Firm/Company 4365 Executive Drive, Suite 1100 Address | | | | | | | |
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| | | San Diego, CA 92121 City/State and Zip Code | | | | | | |
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| | jbarrington@passco.com (Jenny Barrington) | | | | | | | |
| | | | E-mail address: (to be use | d for future annual | report noti | fication) | | |
| For furt | her info | rmation concernin | g this matter, please call: | | | | | |
| | Amy (| Giannamore, Esq. | | 858 at (| 677-140 | 00 | | |
| | | Name o | f Contact Person | Area Code | Dayı | time Telephone Number | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | |
| Enclose | | eck for the follow 5.00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filin Certified Copy | g Fee & | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy | | |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Passco Point MT, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C., "or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name mast include "Limited Liability Company," "L.L.C," or "L.L.C.") 2 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if peror to registration.) (See sections 605.0904 & 605.0903, F.S. to determine penalty liability) 2050 Main Street, Suite 650 6. 2050 Main Street, Suite 650 (Street Address of Principal Office) Irvine, CA 92614 Irvine, CA 92614 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: , Florida 32301 Tallahassec Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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. Roxanne Turner Corporation Service Asst. Vice President 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Add Title or Capacity: Sole Member Passco Management Services, LP 2050 Main Street, Suite 650 Irvine, CA 92614 (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(h) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized persor

Alan Clifton, President of Passoo Property Management, Inc., general partner of the sole member of the Company

Typed or printed name of signee

Page 1

Delaware The First State

1.1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PASSCO POINT MT, 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-FIRST DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PASSCO POINT MT, LLC" WAS FORMED ON THE TWENTIETH DAY OF MARCH, A.D. 2018.

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

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

6809084 8300

Authentication: 202366556

Date: 03-21-18

SR# 20182098653