Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 : (561)694-1639 Fax Number

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Foreign Limited Liability Company Brickell Owner LLC

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Corporate Filing Menu

Help

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 HABILITY COMPANY TO TRANSACT BUNINESS IN THE STATE OF FLORIDA: 1 Brickell Owner ULC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, outer afternate name adopted for the purpose of transacting business in Florida. The alternate traine must include "Limited Liability Company," "L. U.C." or "LEC.") 2. Delaware (FFI number, if apolicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted histories in Florida, if prior to registration.) (See sections e4/5 0904 & 603 0905, F.S. to determine penalty hability) 6. c/a Kohlberg Kravis Roberts & Co. L.P. 5. c/o Kohlberg Kravis Roberts & Co. L.P. (Mailing Address) (Speer Address of Principal Office) 9"West 57th Street, 42nd Floor 9 West 57th Street, 42nd Floor New York, New York 10019 New York, New York 10019 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporate Creations Network Inc. Name: 11380 Prosperity Farms Road #221E Office Address: . Florida <u>3341</u>0 Palm Beach Gardens (City) 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. Rachel Kauffman, Special Secretary (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Roger Morales Senior Vice President c/o Kohlberg Kravis Roberts & Cu. L.P., 9 W.57th St., New York, NY 10019 (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), Fiorida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree from as provided for in s.817.155, F.S.

Signature of an authorized person

Typed or printed name of signee

Roger Morales



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

DELAWARE, DO HEREBY CERTIFY "BRICKELL 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 NINETEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRICKELL OWNER LLC" WAS FORMED ON THE ELEVENTH DAY OF APRIL, A.D. 2018.

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

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SR# 20182823368

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Justiney W., Budgate, Exceptany of State

Authentication: 202540427

Date: 04-19-18