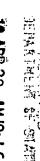
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500



ACCOUNT NO. : I2000000195

REFERENCE: 173304 7561881

AUTHORIZATION : Spelled

COST LIMIT : \$\inf130.00

ORDER DATE: April 19, 2018

ORDER TIME : 9:10 AM

ORDER NO. : 173304-010

CUSTOMER NO: 7561881

FOREIGN FILINGS

NAME: TUSCANY BAY ACQUISITION (GP)

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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:

1	Tuscany Bay Acquisiti (Name of Foreign		include "Limited Liability Company," "L.L.C	.," or "LLC.")
(If n	ome unavailable, enter alternate r	ume adopted for the purpose of transact	ting business in Florida. The alternate name must inck	ide "Limited Liability Company," "L.L.C," or "LLC.")
2. I	Delaware		3. 82-5231580	
_	(Jurisdiction under the law of w	hich foreign limited liability company is	organized)	(FEI number, if applicable)
4.				
		(Date first transacted business in (See sections 605,0904 & 605,09	Florida, if prior to registration.) 05, F.S. to determine penalty liability)	
5.	12065 Tuscany Bay D	rive	6. P.O. Box 1890	, Station B
	(Street Address of I	rincipal Office)	Mississense	(Mailing Address)
	Tampa, FL 33626		Mississauga, O	N L41 3W6
				
			(= a =m	
7.	Name and street addres	is of Florida registered agen	at: (P.O. Box <u>NOT</u> acceptable)	
	Name:	Corporation Service Com	pany	
	Office Address:	1201 Hays Street		
	Office Madress.	Tellahanan		22201
		Tallahassee	(City) , Florida	(Zip code)
				nted limited liability company at the place gree to act in this capacity. I further agree ince of my duties, and I am familiar with
0	comply with the provisi		to the proper and complete performa ed agent.	gree to act in this capacity. I further agree unce of my duties, and I am familiar with Roxanne Turner
0	comply with the provisi	ons of all statutes relative is of my position as register. Corporation services By:	to the proper and complete performa ed agent.	gree to act in this capacity. I further agree unce of my duties, and I am familiar with Roxanne Turner
o c	omply with the provisi I accept the obligation:	ons of all statutes relative is of my position as register Corporation services By:	to the proper and complete performated agent. In pany While Decree The proper and complete performated agent.	gree to act in this capacity. I further agree ance of my duties, and I am familiar with Roxanne Turner Asst. Vice Presider
o c	omply with the provisi I accept the obligation:	ons of all statutes relative is of my position as register Corporation services By:	to the proper and complete performance agent. Many Declaration (Son (S) who has/have authority to mans	gree to act in this capacity. I further agree ince of my duties, and I am familiar with Roxanne Turner Asst. Vice Presider
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o c	comply with the provision accept the obligation: The name, title or capa	cons of all statutes relative is of my position as register Corporation Services By: (t) (t) (t) (t) (t) (t) (t) (t	to the proper and complete performated agent. Introduced agent a signature) Registered agent's signature) Son(s) who has/have authority to managess: Title or Capacity: CFO Station B	gree to act in this capacity. I further agree to act in this capacity. Act in the following state and address: Martin Liddell P. O. Box 1890, Station B
o c	comply with the provision accept the obligation: The name, title or capa	ons of all statutes relative is of my position as register Corporation services By: (t) (t) (t) (t) (t) (t) (t) (t	to the proper and complete performated agent. Introduced agent a signature) Registered agent's signature) Son(s) who has/have authority to managess: Title or Capacity: CFO Station B	gree to act in this capacity. I further agree ince of my duties, and I am familiar with Roxanne Turner Asst. Vice Presider Asst. Vice Presider Asst. Vice Martin Liddell
o c	comply with the provision accept the obligation: The name, title or capa	cons of all statutes relative is of my position as register Corporation Services By: (t) (t) (t) (t) (t) (t) (t) (t	to the proper and complete performated agent. Introduced agent a signature) Registered agent's signature) Son(s) who has/have authority to managess: Title or Capacity: CFO Station B	gree to act in this capacity. I further agree to act in this capacity. Act in the following state and address: Martin Liddell P. O. Box 1890, Station B
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Typed or printed name of signee

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TUSCANY BAY ACQUISITION (GP) 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 "TUSCANY BAY

ACQUISITION (GP) LLC" WAS FORMED ON THE TWELFTH DAY OF APRIL, A.D.

2018.

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

Authentication: 202545045

Date: 04-19-18

6843112 8300 SR# 20182851297