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4PR 25 2019 J. HARRIS

COVER LETTER

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TO:

Registration Section Division of Corporations

| SUBJECT: | Grass River Asset So | | | | | |
|-------------------------------|--|--|---|--|--|-----------------------|
| | | | Limited Liability (| Company | | |
| The enclosed Existence, an | d "Application by For nd check are submitte | eign Limited Liability Comp d to register the above refer | pany for Authoriza enced foreign limit | tion to Tra ted liability | unsact Business in Florida," Certi y company to transact business in | ficate of Florida. |
| Please return | n all correspondence c | oncerning this matter to the | following. | | | |
| | Mark A. Jefferi | s, Esq. | | | | |
| | | N. | ame of Person | | | |
| | 3650 REIT | | | | | |
| | | Fi | irm/Company | | | |
| | 2977 McFarlan | e Road, Suite 300 | | | | |
| | | | Address | | | |
| | Coconut Grove. | FL 33133 | | | | |
| | | City/S | tate and Zip Code | | · | |
| | mjefferis@grassr | | | | | |
| - | | E-mail address: (to be used | d for future annual | report no | tification) | |
| For further i | nformation concerning | g this matter, please call: | | | | |
| Ма | irk A. Jefferis, Esq. | | 213 at (| 448-57 | 54 | |
| | Name o | f Contact Person | Area Code | Day | nime Telephone Number | |
| Div Reg P.C | MILING ADDRESS: rision of Corporations gistration Section b. Box 6327 lahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exc | FADDRESS: of Corporations ion Section Building ceutive Center Circle see, FL 32301 | |
| | a check for the follow \$125.00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filir Certified Copy | ng Fee & | ■ \$160.00 Filing Fee, Certific of Status & Certified Copy | ate |

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

IN COMPLIANCE WITH SECTION 605.0302, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (1f re | une unavailable, enter alternate i | name adopted for the purpose of transacting | business in Florida. T | The alternate name must include "Lin | mited Liability C | ompany," "Li | . C," or "[. | LC ") |
|-------------------------------|--|--|--|--|--|--|--------------------------------------|----------------------|
| | Oclaware | and any hear was any hear have an areas and | | 2 82-2291674 | | | • | · |
| 2. <u>-</u> | | high foreign limited liability company is org | anızod) | J | FEI number, if a | pplicable) | ·- | _ |
| | | | | | | | | |
| 4. | | (Date first transacted business in Flor | nda, if prior to registr | ation.) | | - | | |
| | 2977 McFarlane Road | (See sections 605.0904 & 605.0905, | r.a. to determine per | 6 2977 McFarlane Roa | d Suite 30 | n 35 . | 25 | |
| 5. | (Street Address of | | | | iling Address) | <u></u> ਮ | | - |
| | Coconut Grove, FL 33 | 133 | | Coconut Grove, FL 3 | 33133 | 7.33 ft 11.77 | - 50 - 41 - 42 | lj |
| - | | | | | | | N _ | Parr |
| - | | ··· · · · · · · · · · · · · · · · · · | | | | 3 | ယ | |
| 7. | Name and street addres | s of Florida registered agent: | (P.O. Box <u>NO</u> | Tacceptable) | | | 7: | 1 1 |
| | | Jones Walker LLP, c/o Chris | | | | | ₹ | m (FRee |
| | Name: | | | 211), 224. | | | CH | |
| | Office Address: | 201 South Biscayne Bouleva | ırd, Suite 2600 | <u> </u> | | (7 m ²) | De i | |
| | | Miami | | , Florida <u>3313</u> | 1 | | | |
| | | | | , 1 101108 | | - | | |
| Hai lesi o c | ignated in this applica omply with the provis | (Ci tance: gistered agent and to accept s tion, I hereby accept the appo ions of all statutes relative to t s of my position as registered | ervice of proce intment as reg the proper and | ess for the above stated l istered agent and agree | (Zip code) imited liabi to act in th | is capacity | v. I fur | ther agr |
| Hai lesi lo c | ving been named as re ignated in this applica omply with the provis | tance: gistered agent and to accept s tion, I hereby accept the appo ons of all statutes relative to t s of my position as registered | ervice of proce intment as reg the proper and | ess for the above stated l istered agent and agree | (Zip code) imited liabi to act in th | is capacity | v. I fur | ther agr |
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| Handesido Canda 8. | ving been named as reignated in this application omply with the provise accept the obligation. The name, title or capa Title or Capacity: AP | tance: gistered agent and to accept stion, I hereby accept the appoons of all statutes relative to the statutes of my position as registered. Christopher M. Hinsley (Registered address of the person Name and Address Tobin Cobb 2977 McFarlane Rd Coconut Grove, FL. Justin Kennedy 2977 McFarlane Rd Coconut Grove, FL. sary) of existence, no more than 90 of which it is organized. (If the | service of processintment as regular proper and agent. attered agent's signature (s) who has/haves: Suite 300 33133 Suite 300 33133 | ess for the above stated laistered agent and agree complete performance of the complet | (Zip code) imited liabit to act in the of my duties. /are: Jo 10 Sa | is capacity s, and I are me and A mathan Ro 0 Wilshire nta Monic | Address th Blvd S a, CA S | iar with |



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

DELAWARE, DO HEREBY CERTIFY "GRASS RIVER ASSET SERVICES 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 EIGHTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRASS RIVER

ASSET SERVICES LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE,

A.D. 2017.

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

Authentication: 202535372

Date: 04-18-18