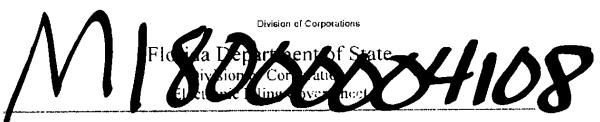
4/27/2018



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number

: (954)208-0845

**Enter the email address for this business Entity to be used for future annual report mailings. Enter only one: mail address please.

Email A	ddress	:
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Foreign Limited Liabilit Company First Tower Crossroads Managing Co., LLC

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Electronic Filing Menu

Corporaté Étting Menu

Help

O SIMMONS

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

	TION 605.0902, FLORIDA STATUTES, TH ISINESS IN THE STATE OF FLORIDA:	F. FOLLOWING ™ SUBMITTED TO REGIST	TER A FOREIGN LIMITED LIABILITY
1. First Tower Crossroads	Managing Co., LLC		
(Name of Foreign	Limited Liability Company; must include "Li	imited Liability Company," "L.L.C," or "LLC.")	
(If name unterribable, enter alternate n	ame adopted for the purpose of transacting business i	in Florida. The alternate name must include "Limited Lik	bility Company," "L.L.C," or "LLC.")
2. DE		1	
(Arrisd ction under the law of w	hien foreign limited liability company is organized)	(FEI muni	ner, if applicable)
4. 4/10/2018			
	(Dute first transacted business in Florida, if pri (Sue sections 605.0904 & 605.0905, F.S. to de	or to registration.) rtonnine penelty liability)	70.6
5. 999 Waterside Drive,		6. 999 Waterside Drive, Suite	2300;
Norfolk, VA 23510	Principal Office)	Norfolk, VA 23510	
Tionena, Traspito			
			- 100 mg = 000 mg = 0
7. Name and street address	ss of Florida registered agent: (P.O. l	Box NOT acceptable)	ص بر ت
Name:	C T Corporation System	ψ.	(S)
Name:			
Office Address;	1200 South Pine Island Road		•
	Plantation (Cxy)	, Florida 33324 (Zip cod	
	s of my position as registered agent. By: C T Corporation Syster	///////////////////////////////////////	Leslie Martin Assistant Secretary
		<i>l</i> .	
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) wh <u>Name and Address:</u>	no has/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
Manager	T.Richard Litton, Jr.,	<u> </u>	
	999 Waterside Dr., Suite Norfolk, VA 23510	2300	
			
(Use attachments if neces	ssary)	200	
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the certi	old, duly authen 'ented by the official h licate is in a foreign language, a transla	aving custody of records in the tion of the certificate under oath
10. This document is executed submitted in a document t	cuted in accordance with section 605. to the Department of State constitutes	.0203 (1) (b), Florida Statutes. I am awa a third degree fe ¹ ony as provid ed for in	re that any false information s.817.155, F.S.
		paties of an authorized person	
	Sig	pation of an authorized perso (
	T. Richard Litton, Jr.		
		yped or printed neme of signor	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FIRST TOWER CROSSROADS MANAGING CO.,

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 TENTH DAY OF APRIL, A.D. 2018.

i.,

1.70

6838557 8300 SR# 20182572692

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

Joseph W. Burleth, Secretary of State

Authentication: 202485633

Date: 04-10-18