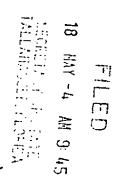
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NAME: VERONA AT BOYNTON BEACH LLC

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AUTHORIZATION:

ABBIE/PAULA

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF PLORIDA:

(If name unavailable, enter alternate t	name adopted for the purpose of transacting business in Flo	orida. The alternate name tracts include 11 switted 1 is	hility Company 7-11 C Tox 11 C T
		whose the exertises these things include the mining the	locately Company. L.L.C. of LLC.)
2. Delaware	hich foreign limited liability company is organized)	3.	bet, if applicable)
An marchon mater are 124 Of 4	men foreign rathred nabinsy company is organized)	(FEI num	ber, if applicable)
4.	•		
"	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)	
100 11/2/12 4	(See sections 003.0904 & 003.0903, F.S. to determ		
5. 120 Wells Avenue (Street Address of Principal Office)		6. 120 Wells Avenue	
Newton, MA 02459		Newton, MA 02459	rest)
1107/1014 (101/02/05)		Newton, IVIA 02439	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	(NOT accentable)	
•••			
Name:	NRAI Services, Inc.		10
000	1200 South Pine Island Road		
Office Address:	- 100 boar 1 me isimid read		آي. <u>ب</u>
	Plantation	, Florida 33324	基础
	(City)	(Zip cod	。 デ
Registered agent's accep	otance: egistered agent and to accept service of		.^
	is of my position as registered agent.	, ,	
	MORA NO, assess	1 Decretar	*****
	MA Ma (Registered agent's	at Alle lay	···
8. The name, title or cap	Many a second agent's	•	
8. The name, title or cap Title or Capacity:	MORA NO, assess	•	Name and Address:
Title or Capacity:	(Registered agent's acity and address of the person(s) who have and Address:	as/have authority to manage is/are: Title or Capacity:	Name and Address:
8. The name, title or cap <u>Title or Capacity:</u> President	(Registered agent's acity and address of the person(s) who have and Address: Steven R. Robbins	as/have authority to manage is/are:	Mitchell B. Robbins
Title or Capacity:	(Registered agent's acity and address of the person(s) who have and Address:	as/have authority to manage is/are: Title or Capacity:	Mitchell B. Robbins 120 Wells Avenue
Title or Capacity:	(Registered agent's acity and address of the person(s) who have and Address: Steven R. Robbins 120 Wells Avenue	as/have authority to manage is/are: Title or Capacity:	Mitchell B. Robbins
Title or Capacity:	(Registered agent's acity and address of the person(s) who have and Address: Steven R. Robbins 120 Wells Avenue Newton, MA 02459	as/have authority to manage is/are: Title or Capacity:	Mitchell B. Robbins 120 Wells Avenue
Title or Capacity: President	(Registered agent's acity and address of the person(s) who have and Address: Steven R. Robbins 120 Wells Avenue Newton, MA 02459 Kristi King	as/have authority to manage is/are: Title or Capacity:	Mitchell B. Robbins 120 Wells Avenue
Title or Capacity: President	(Registered agent's acity and address of the person(s) who have and Address: Steven R. Robbins 120 Wells Avenue Newton, MA 02459	as/have authority to manage is/are: Title or Capacity:	Mitchell B. Robbins 120 Wells Avenue
Title or Capacity: President Chief Operating Offi	Registered agent's acity and address of the person(s) who have and Address: Steven R. Robbins 120 Wells Avenue Newton, MA 02459 Ic Kristi King 120 Wells Avenue Newton, MA 02459	as/have authority to manage is/are: Title or Capacity:	Mitchell B. Robbins 120 Wells Avenue
Title or Capacity: President	Registered agent's acity and address of the person(s) who have and Address: Steven R. Robbins 120 Wells Avenue Newton, MA 02459 Ic Kristi King 120 Wells Avenue Newton, MA 02459	as/have authority to manage is/are: Title or Capacity:	Mitchell B. Robbins 120 Wells Avenue
Title or Capacity: President Chief Operating Offi (Use attachments if neces) 9. Attached is a certificate	Registered agent's acity and address of the person(s) who have and Address: Steven R. Robbins 120 Wells Avenue Newton, MA 02459 Ic Kristi King 120 Wells Avenue Newton, MA 02459 seary) to of existence, no more than 90 days old,	as/have authority to manage is/are: Title or Capacity: CEO duly authenticated by the official has	Mitchell B. Robbins 120 Wells Avenue Newton, MA 02459
Title or Capacity: President Chief Operating Offi (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law	Registered agent's acity and address of the person(s) who have and Address: Steven R. Robbins 120 Wells Avenue Newton, MA 02459 Ic Kristi King 120 Wells Avenue Newton, MA 02459 ssary) c of existence, no more than 90 days old, of which it is organized. (If the certifical	as/have authority to manage is/are: Title or Capacity: CEO duly authenticated by the official has	Mitchell B. Robbins 120 Wells Avenue Newton, MA 02459
Title or Capacity: President Chief Operating Offi (Use attachments if neces) 9. Attached is a certificate	Registered agent's acity and address of the person(s) who have and Address: Steven R. Robbins 120 Wells Avenue Newton, MA 02459 Ic Kristi King 120 Wells Avenue Newton, MA 02459 ssary) c of existence, no more than 90 days old, of which it is organized. (If the certifical	as/have authority to manage is/are: Title or Capacity: CEO duly authenticated by the official has	Mitchell B. Robbins 120 Wells Avenue Newton, MA 02459
Title or Capacity: President Chief Operating Offi (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s	Registered agent's acity and address of the person(s) who have and Address: Steven R. Robbins 120 Wells Avenue Newton, MA 02459 Ic Kristi King 120 Wells Avenue Newton, MA 02459 ssary) c of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)	as/have authority to manage is/are: Title or Capacity: CEO duly authenticated by the official had the is in a foreign language, a translate	Mitchell B. Robbins 120 Wells Avenue Newton, MA 02459 aving custody of records in the tion of the certificate under oath
Title or Capacity: President Chief Operating Offi (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is executed.	Registered agent's acity and address of the person(s) who have and Address: Steven R. Robbins 120 Wells Avenue Newton, MA 02459 Ic Kristi King 120 Wells Avenue Newton, MA 02459 ssary) of existence, no more than 90 days old, of which it is organized. (If the certification ubmitted) cuted in accordance with section 605.020	as/have authority to manage is/are: Title or Capacity: CEO duly authenticated by the official had it is in a foreign language, a translate is in a foreign language.	Mitchell B. Robbins 120 Wells Avenue Newton, MA 02459 aving custody of records in the cition of the certificate under oath
Title or Capacity: President Chief Operating Offi (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	Registered agent's acity and address of the person(s) who have and Address: Steven R. Robbins 120 Wells Avenue Newton, MA 02459 Ic Kristi King 120 Wells Avenue Newton, MA 02459 ssary) c of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)	as/have authority to manage is/are: Title or Capacity: CEO duly authenticated by the official had it is in a foreign language, a translate is in a foreign language.	Mitchell B. Robbins 120 Wells Avenue Newton, MA 02459 aving custody of records in the cition of the certificate under oath
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Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VERONA AT BOYNTON BEACH 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 FOURTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERONA AT BOYNTON BEACH LLC" WAS FORMED ON THE FIRST DAY OF MAY, A.D. 2018.

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

Authentication: 202636981

Date: 05-04-18

6867526 8300 SR# 20183357329