Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001444413)))



Note: OO	NOT hit the REFRESH/RELOAD b Doing so will generate and	other cover sheet.	<u> </u>
To:	Division of Corporations Fax Number : (850)61%,63%3	Company of the compan	FILED
From:	Account Name : C T CORPORATION Account Number : FCA200000023 Phone : (614)280-3338 Fax Number : (954)208-0845	ię.	M D 19
anı	the email address for this busin nual report mailings. Enter only ail Address:	one:∻maii address pie:	For future ase. **  2018 HAY -8 PH 5: 07  RECEIVED  RECEIVED
,	Foreign Limited Liab IVT PGA Plaza Balm Be	oility Company	TIVE
K SALY	Certificate of Status Certified Copy	0	5: 01
AY - 9 2018	Page Count Estimated Charge	93 \$155.00	
	17,650		
<del>,</del>		\(\frac{1}{2}\)	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

[Name of Foreign 1	each Gardens, LLC Junited Liability Company, must include "Cimil	ENT TOPOTO	v Company		<del></del>
,	minited Liability Company, radst include Comm	CO CARLINI	y campany, trace, comment		
gine unavailable, enter alternate na	me adopted for the purpose of numering business in F	lorida The r	durante name must include "Limited List	ility Company,""L.	C(" or "IAC(")
Delaware		ŝ	olim .		·
(Jurisdiction union the few of wh	uel fevergo lumited liability company is organized)		(PU) runt	er, a applicuhle)	
		:::			
	(1) see his; transacted business in Florido, if prior i (See sections 605,0904 & 605,0905, F.S. in detect	a registiblio	0)	<del></del>	
	·		·-		
3025 Highland Parkwa (Street Address of P	)'	6.	302 Highland Parkway	ess) . ,	<del>- 5</del>
Suite 350	The John Collect		Suite 350	1 	
Downers Grove, Illinoi	e 60515		Downers Grove, Illinois 60	515	2
right; jets Ofove, Timen	3 00.15				1
Name and <u>street addies</u>	s of Florida registered agent: (P.O. Bo	x <u>NOT</u>	_accom(able)		33 8 33 <b>2</b>
Name:	C T Corporation System				至
Manie.	1200 Court Dive Televis Deed		<del></del>		
Office Address:	1200 South Pine Island Road	<del></del>			一法二 "
	Plantation .		Florida 33324 (Zie co:		***
	(City)		(Zio 200	it)	
comply with the provisi d accept the obligation.	ions of all statutes relative to the prop s of my position as registered agent. By:  C T Corporation Sister	er and c	tered agent and agree to act omplete performance of my Kristin Bolden Assistant Secretar	annes, and 1 a	m familiar wi
d accept the abligation.	ions of all statutes relative to the prop s of my position as registered agent.  By:  C T Corporation Sisters  (Replaced agent acity and address of the person(s) who	has/hgw	Kristin Bolden Assistant Secretar  authority to manage is/are:	y	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
d accept the abligation.	ions of all statutes relative to the prop s of my position as registered agent.	has/hgw	Kristin Bolden Assistant Secretar	annes, and 1 a	71 y 417 (11 11 11 11 11 11 11 11 11 11 11 11 11
d accept the obligation.  The name, title or capa	ions of all statutes relative to the prop s of my position as registered agent.  By:  C T Corporation Sister  (Reported agent acity and address of the person(s) who  Name and Address:  IVT OP Limited Partnership	er and c	Kristin Bolden Assistant Secretar  authority to manage is/are:	y	71 y 417 11 11 11 11 11 11 11 11 11 11 11 11 1
The name, title or capa	ents of all statutes relative to the property of my position as registered agent.  By:  C T Corporation Selection of the person(s) who Name and Address:	er and c	Kristin Bolden Assistant Secretar  authority to manage is/are:	y	71 y 417 11 11 11 11 11 11 11 11 11 11 11 11 1
The name, title or capa	ents of all statutes relative to the property of my position as registered agent.  By:  C. T. Corboration, Selection of the person (s) who name and Address:  1VT OP Limited Partnership 3025 Highland Parkway	er and c	Kristin Bolden Assistant Secretar  authority to manage is/are:  Title on Capacity:	y	71 y 417 11 11 11 11 11 11 11 11 11 11 11 11 1
The name, title or capa	ents of all statutes relative to the property of my position as registered agent.  By:  C. T. Corboration, Selection of the person (s) who name and Address:  1VT OP Limited Partnership 3025 Highland Parkway	er and c	Kristin Bolden Assistant Secretar  authority to manage is/are: Title on Capacity:	y	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The name, title or caparity:  Member  Jsc attachments if necess	ions of all statutes relative to the prop s of my position as registered agent.  By:  C T Corporation Sisters  Regulated agent acity and address of the person(s) who  Name and Address:  1VT OP Limited Partnership  1025 Highland Parkway  Downers Grove, 11, 60515	has/hav	Kristin Bolden Assistant Secretar  authority to manage is/are:  Fitle on Capacity:	Name and	Address:
The name, title or caparative or Capacity:  Member  Attached is a certificate risdiction under the law the translator must be seen to the capacity of the capa	acity and address of the person(s) who  Name and Address:  1VT OP Limited Parkway  Downers Grove, 1L, 60515  seary)  of existence, no more than 90 days of of which it is organized. (If the certification of the person of the pe	d, duly a	Kristin Bolden Assistant Secretar  authority to manage is/are: Title en Capacity:  muthenticated by the official h is a foreign language, a transle	Name and  aving custody tion of the cert	Address:  of records in tificate under of
The name, title or caparity:  The name, title or caparity:  Member  Attached is a certificate risdiction under the law the translator must be seed the capacity of the capacit	acity and address of the person(s) who Name and Address:  1VT OP Limited Parkway Downers Grove, IL 60515  ssary)  of existence, no more than 90 days of of which it is organized. (If the certificulumited)	d, duly a	Kristin Bolden Assistant Secretar  authority to manage is/are: Title en Capacity:  muthenticated by the official h is a foreign language, a transle	Name and  aving custody tion of the cert	Address:  of records in tificate under of
The name, title or caparity:  The name, title or caparity:  Member  Attached is a certificate risdiction under the law the translator must be seed the capacity of the capacit	acity and address of the person(s) who Name and Address:  1VT OP Limited Parkway Downers Grove, IL 60515  ssary)  of existence, no more than 90 days of of which it is organized. (If the certificulumited)	d, duly a	Kristin Bolden Assistant Secretar  authority to manage is/are: Title en Capacity:  muthenticated by the official h is a foreign language, a transle	Name and  aving custody tion of the cert	Address:  of records in tificate under of



Page 1

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

DELAWARE, DO HEREBY CERTIFY "IVT PGA PLAZA PALM BEACH GARDENS, 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 EIGHTH DAY OF MAY, A.D. 2018.

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

SECRETARY OF STATE

6876387 8300

SR# 20183482102

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

Jeffrey W. Buchice, Baccellary of State

Authentication: 202654044

Date: 05-08-18