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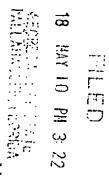
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May 7, 2018

MARK JEFFERIS, ESQ 2977 MCFARLENE RD, STE 300 COCONUT GROVE, FL 33133

SUBJECT: GRASS RIVER CAPITAL DE, LLC

Ref. Number: W18000039476

We have received your document for GRASS RIVER CAPITAL DE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 318A00009408

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

Division of Compositions D.O. DOV 6297 Wellshammer Elevids 2001



April 26, 2018

MARK JEFFERIS, ESQ 2977 MCFARLENE RD, STE 300 COCONUT GROVE, FL 33133

SUBJECT: GRASS RIVER CAPITAL DE, LLC

Ref. Number: W18000039476

We have received your document for GRASS RIVER CAPITAL DE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 418A00008643

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

## COVER LETTER

TO:

| TO:                |                                 | ation Section<br>a of Corporation  | is   |   |  |  |                          |  |
|--------------------|---------------------------------|--|--|---|--|--|--------------------------|--|
| SUBJE              | Gra                             | iss River Capital,   |  |   |  |  |                          |  |
| SUDJE.             | C1                              |  |  | Limited Liability (                       | Company  |  |                          |  |
| The enc<br>Existen | losed "A<br>ce, and ch          | pplication by For<br>neck are submitte   | eign Limited Liability Com<br>d to register the above refer                      | pany for Authoriza<br>enced foreign limit | tion to Tra<br>led liability                   | usact Business in Florida," Cert<br>company to transact business in              | ificate of<br>n Florida. |  |
| Please r           | eturn all                       | corresponden <b>ç</b> e c  | oncerning this matter to the   | following:                                |  |  |                          |  |
|                    |                                 | Mark A. Jefferi  | s, Esq.  |   |  |  |                          |  |
|                    |                                 |  | , h  | Same of Person                            |  |  |                          |  |
|                    |                                 | 3650 REIT  |  |   |  |  |                          |  |
|                    | Firm/Company                    |  |  |   |  |  |                          |  |
|                    |                                 | 2977 McFarlane Road, Suite 300   |  |   |  |  |                          |  |
|                    | Address                         |  |  |   |  |  |                          |  |
|                    | Coconut Grove, FL 33133         |  |  |   |  |  |                          |  |
|                    | City/State and Zip Code         |  |  |   |  |  |                          |  |
|                    |                                 | mjefferis@g <b>ra</b> ssr  | iver.com   |   |  |  |                          |  |
|                    |                                 |  | E-mail address: (to be use   | ed for future annual                      | report not                                     | ification)   |                          |  |
| For furt           | her infor                       | mation concernin   | g this matter, please call:  |   |  |  |                          |  |
|                    | Mark A                          | . Jefferis, Esq.   |  | 213<br>at (                               | 448-57:  | 54   |                          |  |
|                    |                                 | Name o   | f Contact Person   | Area Code                                 | Day  | time Telephone Number  |                          |  |
|                    | Division<br>Registra<br>P.O. Bo | NG ADDRESS:<br>n of Corporations<br>ation Section<br>ox 6327<br>ssee, FL 32314 |  |   | Division<br>Registrat<br>Clifton B<br>2661 Exc | ADDRESS: of Corporations ion Section uilding reutive Center Circle rec, FL 32301 |                          |  |
| Enclose            |                                 | eck for the follow<br>,00 Filing Fee   | ing amount:  \$\Bigsim \text{\$1}\text{30.00 Filing Fee & Certificate of Status} | S155.00 Filir<br>Certified Copy           | ig Fee &                                       | ■ \$160.00 Filing Fee, Certific<br>of Status & Certified Copy                    | cate                     |  |

## 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 FLORIDA:

| Grass River Capital,                                  | LLC ign Limited Liability Company; must include "Limite                                     | 11:13:0. Co  |   |  |  |  |
|---|---|--|---|--|--|--|
|   |   | c Liability Company, L.E.C., or LEC.                   | ,   |  |  |  |
| Grass River Capital DE                                | te name adopted for the purpose of transacting business in Flo                              | rids. The alternate name must include "I imited Lit    | ibility Company," "L.I. C." or "LI C.")                         |  |  |  |
| 2. Delaware   |   | 1 32-0539143   |   |  |  |  |
| (Junsdiction under the law o                          | of which foreign limited liability company is organized)                                    | (FEI number, if applicable)                            |   |  |  |  |
|   |   |  |   |  |  |  |
| 4   | (Date first transacted business in Florida, if prior to                                     | registration.)   | <del></del>   |  |  |  |
|   | (See sections 605,0904 & 505,0905, F.S. to deterin  | me penalty hability)                                   | 200   |  |  |  |
| 5. 2977 McFarlane Ro                                  | of Principal Office)  | 6. 2977 McFarlanc Road, Suite 300 (Nailing Address)    |   |  |  |  |
| Coconut Grove, FL                                     |   | Coconut Grove, FL 33133                                |   |  |  |  |
| <u> </u>  |   |  |   |  |  |  |
|   |   |  |   |  |  |  |
| 7 Name and street add                                 | ress of Florida registered agent: (P.O. Box   | NOT acceptable)  |   |  |  |  |
| , , , and and officer and                             |   |  | 8   |  |  |  |
| Name:   | Jones Walker LLP, c/o Christopher M.  | runsicy, Esq.  |   |  |  |  |
| Office Address  | 201 South Biscayne Boulevard, Suite 2   | 600  | · · · · · · · · · · · · · · · · · · ·                           |  |  |  |
|   | Miami   | , Florida <u>33131</u>                                 | 4   |  |  |  |
|   | (City)  | , Florida(Zip cod                                      |   |  |  |  |
| Registered agent's acc                                | eptance:  |  | 32  |  |  |  |
| Having been named as                                  | registered agent and to accept service of p   | process for the above stated limited                   | l liability.company at the place                                |  |  |  |
| designated in this appli                              | cation, I hereby accept the appointment as<br>isions of all statutes relative to the proper | registered agent and agree to act                      | m this capacity. Tjuriner agre<br>duties, and Van (milliae with |  |  |  |
|   | ons of my position as registered agent.   |  | 75  |  |  |  |
|   | Christopher M. Hinsley  |  | *Z  |  |  |  |
|   | (Registered eggs.)  | tenstere   |   |  |  |  |
|   |   | (  |   |  |  |  |
| 8. The name, title or ca<br><u>Title or Capacity:</u> | pacity and address of the person(s) who ba  | s/have authority formanage is/are:  Title or Capacity: | Name and Address:   |  |  |  |
|   | <del></del>   |  |   |  |  |  |
| AP  | Tobin Cobb  | <u>AP</u>  | Jonathan Roth   |  |  |  |
|   | 2977 McFarlane Rd Suite 300<br>Coconut Grove, FL 33133                                      | -  | 100 Wilshire Blvd Suite 184<br>Santa Monica, CA 90401           |  |  |  |
|   |   | •  |   |  |  |  |
| AP  | Justin Kennedy  |  |   |  |  |  |
|   | 2977 McFarlane Rd Suite 300<br>Coconut Grove, FL 33133                                      | •  |   |  |  |  |
|   | Cocondit Glove, FL 33133  | •  |   |  |  |  |
| (Use attachments if nec                               | essary)   |  |   |  |  |  |
| ). Attached is a certifica                            | te of existence, no more than 90 days old, d  | luly authenticated by the official ha                  | ving custody of records in the                                  |  |  |  |
| urisdiction under the las                             | w of which it is organized. (If the certificate   | is in a foreign language, a translati                  | ion of the certificate under oath                               |  |  |  |
| of the translator must be                             | submitted)  |  |   |  |  |  |
| This document is exc                                  | ecuted in accordance with section 605.0203  | (1) (b). Florida Statutes, I am awar                   | e that any false information                                    |  |  |  |
|   | to the Department of State constitutes a thir   | rd degree felony as provided for in                    |   |  |  |  |
|   | m A A A A A   | 1  |   |  |  |  |
|   | Signaphre   | of an authorized person  PEPIS  printed name of signee |   |  |  |  |
|   | // /  |  |   |  |  |  |
|   | Mark A. Je  | exeri  |   |  |  |  |
|   | Typed or p  | printed name of signee                                 | <del></del>   |  |  |  |



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

DELAWARE, DO HEREBY CERTIFY "GRASS RIVER CAPITAL, 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 CAPITAL, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2017.

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

Authentication: 202535390

Date: 04-18-18