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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Statu	ys				
Special Instructions to Filing Officer:					

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MAY 1 8 2018

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 217055 7456992							
AUTHORIZATION :							
COST LIMIT : \$ 125.00							
ORDER DATE: May 17, 2018							
ORDER TIME : 2:20 PM							
ORDER NO. : 217055-005							
CUSTOMER NO: 7456992							
FOREIGN FILINGS							
NAME: TRICERA EASTMAN LLC							
XXXX QUALIFICATION (TYPE: <u>LL</u>)							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN: STAMPED COPY CERTIFICATE OF GOOD STANDING							

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

COVER LETTER

TO:

Registration Section

Divi	ision of Corporations						
SUBJECT:	Tricera Eastman LLC						
	Name of Limited Liability Company						
The enclosed Existence, an	"Application by Foreig d check are submitted t	gn Limited Liability Comp to register the above refer	pany for Authoriz enced foreign lim	ation to Tr ited liabilit	ansact Business in Florida." Certificate o y company to transact business in Florids		
Please return	all correspondence con	cerning this matter to the	following:				
	Melissa Mazrim						
	Name of Person						
	Polsinelli PC						
	Firm/Company						
	150 N. Riverside, Suite 3000						
	Address						
	Chicago, IL 60606						
	City/State and Zip Code						
	mmazrim@polsine	elli.com					
	E	-mail address: (to be used	for future annual	report noi	ification)		
For further in	ormation concerning th	nis matter, please call;					
Meli	ssa Mazrim		312 _ at (873-36	331		
	Name of C	ontact Person	Area Code	Day	time Telephone Number		
Divis Regi: P.O.	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301		
Enclosed is a c ■ \$1		amount: \$130.00 Filing Fee & ertificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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

IN COMPLIANCE WITH SECTION 605.0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Tricera Eastman LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L L.C." or "LLC.") , Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 80 S.W. 8th Street, Suite 2802 Miami, FL 33130 (Street Address of Principal Office) 80 S.W. 8th Street, Suite 2802 Miami, Florida 33130 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position ar registered usent.
Corporation between Compa **Emily Croft** Asst. Vice President

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

8. The name, title or capacity and address of the person(s) who has have authority to manage is are:

Tricera 1246 Central, LLC - 80 S.W. 8th Street, Suite 2802, Miami, FL 33130 - Manager

EE 1246 Central Ave Holding LLC - 615 9th Street N., St. Petersburg, FL 33701 - Manager

Sendama Mandel Pyped or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "TRICERA EASTMAN 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 SEVENTEENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRICERA EASTMAN LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2018.

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

18 MAY 17 AM 8: 09



Authentication: 202715352

Date: 05-17-18