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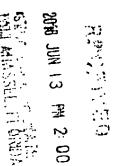
(Requestor's Name)					
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PICK-UP WAIT MAIL					
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O SIMMONS
JUN I 4 2018

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : ,253-909 4302815

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: June 13, 2018

ORDER TIME : 1:29 PM

ORDER NO. : 253909-030

CUSTOMER NO: 4302815

FOREIGN FILINGS

NAME: BISHOP VENICE OWNER 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

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BISHOP VENICE O	WNER LLC gn Limited Liability Company, must	include "Limited Liabilit	y Company," "L.L.C.," or "LLC."	
(If turne unavailable, enter alternat	e name adopted for the purpose of transact	ing business in Florids. The a	kemate name must include "Linnted Lia	ability Company," "L.L.C," or "LLC.")
2 DELAWARE	, , ,			
(Jurisdiction under the law of which foreign limited liability company is organized)		organized) 3.	(FE) rumber, if applicable)	
4				
	(Date first transacted business in (See sections 605 0904 & 605 09			
	th Street, 43rd Floor	_ 6.	same (Mailing Add	
(Street Address of Principal Office) New York, NY 10019			(Mailing Aoc	irest)
Attn: Tracey Gamble				
Attil. Tracey Gallor	<u> </u>	-	<u></u>	
7. Name and street add	ress of Florida registered agen	it: (P.O. Box <u>NOT</u>	acceptable)	To S
Name:	Corporation Service Com	ipany		
Office Address:	1201 Hays Street			(43)
	Tallahassee		, Florida 32301	
Registered agent's acc		(City)	(Zip cos	de)
to comply with the prov and accept the obligation	isions of all statutes relative ons of my position as register Corporation Service Co By: (apacity and address of the per-	to the proper and content agent. Impany Registered agent's signature) son(s) who has/have	implete performance of my	in this capacity. I further agree duties, and I am familiar with Emily Croft Asst. Vice President
			itte or Capacity.	Pagine and Pager Con-
Manager	Bishop Sr. Livin c/o Apollo - 9 W New York, NY	7. 57th St.		
		•		
			 	
				
(Use attachments if nec	essary)			
9. Attached is a certifical jurisdiction under the la of the translator must be	w of which it is organized. (If	90 days old, duly au f the certificate is in a	thenticated by the official has foreign language, a transla	aving custody of records in the tition of the certificate under oath
10. This document is ex submitted in a documen	recuted in accordance with sect to the Department of State of	ction 605.0203 (1) (b constitutes a third deg), Florida Statutes. I am awa ree felony as provided for in	are that any false information as \$17.155, F.S.
		Signature of an aud	orized person	
	Linda Feldman, Authoriz	ed Person		

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BISHOP VENICE OWNER 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 THIRTEENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BISHOP VENICE"
OWNER LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2018.

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

Authentication: 202873428

Date: 06-13-18