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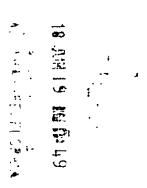
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· OVER LETTER

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TO:		istration Section ision of Corporation	15				
SUBJE	ст.	CC HRV, LLC					
SUBSIN	.		Name of	Limited Liability (Company		
The enc.	losed ee, an	"Application by Ford check are submitted	reign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ted liability	insact Business in Florida," Certificate company to transact business in Flor	of ida.
Please re	eturn	all correspondence of	concerning this matter to the	following:			
		Jessica N. Dou	glas, FRP				
			N	ame of Person	· ·-		
		Greenspoon M	arder LLP				
			F	irm/Company			
		201 E. Pine Str	reet. Suite 500				
				Address			
		Orlando, FL 32	2801				
			City/S	tate and Zip Code			
		jessica.douglas@	gmlaw.com				
			E-mail address: (to be use	d for future annual	report not	ification)	
For furth	her in	formation concernin	g this matter, please call:				
	Ma	rk J. Chmielarski, Es	sq.	407 at (425-65	59	
		Name o	of Contact Person	Area Code	Day	time Telephone Number	
	Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding reutive Center Circle ee, FL 32301	
Enclosed		check for the follow 125.00 Filing Fee	ring amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPIJANCE 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:

(If name unavailable, enter alternat	ename adopted for the purpose of transacting business in F	Inrida. The alternate name must include "Limited	Liability Company," "L.L.C." or "LLC.")
o Utah	countries to the pulpose of manageding outsiness in a	3. 47-4710409	
~·	which toreign limited hability company is organized)	J. FEI no	number, if applicable)
4			
4.	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deter	to registration.)	<u></u>
171 Coundation Law			
5. 131 Soundview Land (Street Address of	of Principal Office)	6. 131 Soundview Lane	Address
New Canaan, CT 068		New Canaan, CT 06840	
			, eo
			# \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
7. Name and street addr	ess of Florida registered agent: (P.O. Bo	NOT acceptable)	
. There and street addi		x <u>wert</u> acceptance)	
Name:	Mark J. Chmielarski, Esq.		
Office Address	201 E. Pine Street, Suite 500		
Office Address			5 40 E
	Orlando	, Florida 32801 _	
laving been named as lesignated in this applic o comply with the provi	cCity) eptance: registered agent and to accept service of ration, I hereby accept the appointment isions of all statutes relative to the prope ns of my position garagistared agent.	f process for the above stated limit as registered agent and agree to a	act in this capacity. I further agr
lesignated in this applic o comply with the prove and accept the obligation	eptance: registered agent and to accept service of cation, I hereby accept the appointment isions of all statutes relative to the propo	f process for the above stated limit as registered agent and agree to a er and complete performance of m	ted liability company at the place act in this capacity. I further agr ny duties, and I am familiar with
laving been named as lesignated in this applic ocomply with the provend accept the obligation	eptance: registered agent and to accept service of ration, I hereby accept the appointment isions of all statutes relative to the propo ns of my position unregistered agent. (Registered agent)	f process for the above stated limit as registered agent and agree to a er and complete performance of m	ted liability company at the place act in this capacity. I further agr ny duties, and I am familiar with
Taving been named as lesignated in this applic ocomply with the provind accept the obligation. 8. The name, title or ca	eptance: registered agent and to accept service of ration, I hereby accept the appointment isions of all statutes relative to the propo ms of my position unregistered agent. (Registered agent) pacity and address of the person(s) who leads to the person of the perso	f process for the above stated limit as registered agent and agree to a er and complete performance of manage is/are	ted liability company at the place act in this capacity. I further agr ny duties, and I am familiar with
Having been named as lesignated in this applic ocomply with the provend accept the obligation. 8. The name, title or ca	registered agent and to accept service of ration, I hereby accept the appointment isions of all statutes relative to the proposition unregistered agent. (Registered agent pacity and address of the person(s) who lead to be compared to the person of the p	f process for the above stated limit as registered agent and agree to a er and complete performance of manage is/are	ted liability company at the place act in this capacity. I further agr ny duties, and I am familiar with
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Having been named as designated in this applicated in this application comply with the proving accept the obligation. 8. The name, title or cate Title or Capacity: Manager	eptance: registered agent and to accept service of ration, I hereby accept the appointment isions of all statutes relative to the proposition unregistered agent. (Registered agent (Registered agent) Pacity and address of the person(s) who I Name and Address: Code Capital Partners, LLC 131 Soundview Lanc New Canaan, CT 06840	f process for the above stated limit as registered agent and agree to a er and complete performance of manage is/are	ted liability company at the place act in this capacity. I further agr ny duties, and I am familiar with
Having been named as lesignated in this applicated in this application comply with the proving accept the obligation. 8. The name, title or cate Title or Capacity: Manager (Use attachments if necess). Attached is a certification.	registered agent and to accept service of ration, I hereby accept the appointment isions of all statutes relative to the proposition and agent. (Registered agent.)	f process for the above stated limit as registered agent and agree to a cer and complete performance of manage is/signature) has/have authority to manage is/are Title or Capacity:	ted liability company at the place act in this capacity. I further agriny duties, and I am familiar with e: Name and Address:

Jared Remington, as Manager of Code Capital Partners, LLC

Typed or printed name of signee



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705

Salt Lake City, UT 84114-6705

Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utab.gov

06/14/2018 9499560-016006142018-3592262

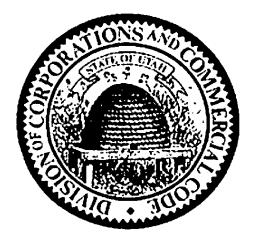
CERTIFICATE OF EXISTENCE

Registration Number:9499560-0160Business Name:CC HRV, LLCRegistered Date:August 05, 2015Entity Type:LLC - Domestic

Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.

Hathy Berg



Kathy Berg Director

Division of Corporations and Commercial Code