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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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**B FIGUEROA** JUL 12 2018

## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Orion- NRD Ruby JV, LLC					
Name of t	imited Liability Company				
The enclosed "Application by Foreign Limited Liability Comp Existence, and check are submitted to register the above refere	any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida.				
Please return all correspondence concerning this matter to the	Tollowing;				
Melissa Dekroon					
Na	nie of Person				
DarrowEverett LLP					
Fir	m/Company				
One Turks Head Place, Suite 1200	Address				
Providence, RI 02903 City/Str	nc and Zip Code				
mdekroon@darroweverett.com E-mail address: (10 be used	for future annual report notification)				
For futher information concerning this matter, please call:					
Melissa Dekroon	at (401)453-1200_ext # 259				
Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Area Code Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount:  \$\Begin{align*} \Begin{align*} \\$125.00 \text{ Filing Fee & } \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	☐ \$155,00 Filing Fee & ☐ \$160,00 Filing Fee, Certificate Certified Copy of Status & Certified Copy				

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

IN COMPLANCE WITH SECTION 605,0302, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Orion-NRE		V, LLC Limited Liability Company; must incli	ide "Limited Linh	thty Company," "L.L.C.," or "LLC."	·)		
(If name movailable, en-	er alternate re	ame adopted for the purpose of transacting bu	isiness in Florida. Ti	e alternate name must include "Limited Lie	ability Company," L.1_C,"	nr "1,1,(* ")	
2. Delaware		nch foreign lurated hability company is organ		3. 83-1165153	nber, il'applicable)	<u>-</u>	
4. upon filing	<del></del>	(Date that transacted business in Florid (See sections 605,0904 & 605,0905, F.	s, il prior lo registra	Max.)			
5. 200 S. Bisca	yne Bly	d., 7th Floor		5. 200 S. Biscavne Blvd	7th Floor		
Miami, FL 33131			Miami, PL 33131	ltevs)	<del></del> -		
7. Name and stre	et addres:	s of Florida registered agent: (I	<sup>2</sup> .O. Box <u>NO</u>	_acceptable)			
Name:		Corporation Service Company					
Office A	ddress:	1201 Hayes Street					
		Tallahassee		, Florida <u>32301</u> (Zio cod			
designated in this to comply with the and accept the ob  8. The name title Title or Cain Manager	applicate e provisio digations e or capas acity:	OREOF - NRD INV LLO 200 S. Biscayne Blvd., 7th Niami, FL 33131	ofment as reginer proper and of the proper and o	stered agent and agree to act complete performance of my	in this capacity. I duties, and I am fa	further agreemiliar with	
(Use attachments	ifnecessa	uy)			•		
2. Attached is a ce unisdiction under of the translator m	the law of	f existence, no more than 90 da which it is organized. (If the confitted)	iys old, duly m crtificate is in	athenticated by the official ha a foreign language, a translati	ving custody of recion of the certificate	ords in the under oath	
O. This document cubmitted in a docu	is execut ument to t -	ed in accordance with section 6 he Department of State constitu	05.0203 (1) (butes a third deg	ree felony as provided for in s	e that any false infor s.817.155, F,S.	muțion	
			Melissa Del	croon			

Typed or printed name of signee

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ORION-NRD RUSY JV 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 FIFTH DAY OF JULY, A.D. 2018.

6916238 8300

SR# 20185517151

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

Jaffrey W. Businer, Sectionary or State

Authentication: 203012381

Date: 07-05-18