Florida Department of State

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Foreign Limited Liability Company SREIT SS Fort Meyers Opco, L.L.C.

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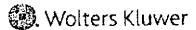
FAX COVER SHEET

TO		
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DATE	2018-08-21 14:55:57 CST	
RE	SREIT SS Fort Meyers Opco, L.L.C.	

COVER MESSAGE

Julie Outlaw Associate Fulfillment Specialist Fulfillment Operations CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com



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

IN COMPILIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SREIT SS Fort Meyers Opco, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "[LLC.," or "LLC."] (If name unavailable, error alternate name adopted for the purpose of transacting business in Florida. The attenuate name must include "Limited Liability Company," "L.L.C," or "LLC," (l'El number, il applicable) (Juristiction under the law of which foreign limited ledality con pany is organized) (Date first transacted business in Florido, if prior to registration.)
(See sections 603,0004 & 603,0705, F.S. to determine penalty liability.) 1601 Washington Avenue, Suite 800 (Mailmo Address) (Street Address of Principal Office) Miami Beach, FL 33139 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation , Florida <u>33324</u> 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 comply with the provisions of all statutes relative to the proper gud complete performance of my duties, and I am familiar with Ruse Shearer Angel Shearer, and accept the obligations of my position as registered agent. C T Corporation System (Registered agent's tignature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Nick Antonopoulos Managing Director 591 West Putnam Avenue Greenwich, CT 06830 (Use attachments if necessary) 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) 10. 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 s.817.155, F.S. Signature of an authorized person

Typed or priesed name of signed

Nick Antonopoulos

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SREIT SS FORT MEYERS OPCO, L.L.C." 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 TWENTY-FIRST DAY OF AUGUST, A.D. 2018.

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

7018037 8300
SR# 20186282757
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203285530

Date: 08-21-18