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From:	Account Name : RENNERT, VOGEL, MANDLER & RODRIGUE2, P.A. Account Number : 076103002011 Phone : (305)423-3556 Fax Number : (305)533-1587	- s	9: 52	

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Foreign Limited Liability Company

EHOF Plantation Office, LLC

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FAX AUDIT NO.: H18000240149 3

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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: EHOF Plantation Office, 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 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized). August 10, 2018 (Date first transacted business in Florids, if prior to registration.) (Sec sections 605.0904 & 605.0905, F.S. to determine penalty liabitity) 1 Town Center Road, Suite 600 Boca Raton, FL 33431 (Street Address of Principal Office) 1 Town Center Road, Suite 600 Boca Raton, FL 33431 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents of Florida, LLC Name: 100 SE 2nd Street, Suite 2900 Office Address: Florida 33131 Miami (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 rejetive to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as applistered ofent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Authorized Member EHOF Plantation Mall, LLC 1 Town Center Road, Suite 600, Boce Raton, PL 33431 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), Plorida 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. John Chiste, Authorized Person

Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EHOF PLANTATION OFFICE, 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 AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENOF PLANTATION OFFICE, LLC" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2018.

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

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

Authentication: 203237283

Date: 08-13-18

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