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DATE: 9-06-18

NAME: PARAISO BH5301, LLC

TYPE OF FILING: AUTHORIZATION TO TRANSACT

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE COSIE HODGE

COVER LETTER

TO:

то:	Registration Section Division of Corporations	;					
SUBJE	PARAISO BH5301.						
SODJE	CT:	Name o	f Limited Liability C	Company			
The enc Existence	losed "Application by Fore ce, and check are submitted	ign Limited Liability Con to register the above refe	npany for Authoriza erenced foreign limit	tion to Tra ed liability	insact Business in Florida," (company to transact busine	Certificate of ess in Florida	
Please r	eturn all correspondence co	oncerning this matter to th	ne following:				
			Name of Person	-			
			Firm/Company				
	Address						
		City	/State and Zip Code				
	-	E-mail address: (to be us	sed for future annual	report not	ification)		
For furt	her information concerning	this matter, please call:					
			at (_)	time Telephone Number		
	Name of	Contact Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301		
Enclose	ed is a check for the followi □ \$125.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee. Ce of Status & Certified Cop		

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L PARAISO UPH5301 I	LLC						
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Company," "L.L.C.," or "LLC.")					
			<u>,</u> ,				
(if name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	ionda. The alternate name must include "Limited Liah	ulity Company," "L.L.C." or "LL.C.")				
2. DELAWARE		3					
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	(FEI numb	er, if applicable)				
a August 21, 2018			S. S. S.				
4. <u></u>	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to detern	o registration,)					
5 465 Brickell Avenue.		6. 465 Brickell Avenue, #200	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;				
5. 403 Dricken Avenue. 6	Principal Office)	6. Mailing Addr					
Miami, FLA 33131		Miami, FLA 33131					
			,				
			Birg				
7 Nome and steam added	ss of Florida registered agent: (P.O. Bo	o NOT recentable)					
7. Name and street address	•						
Name:	PARACORP INCORPORATED		4 Fleck				
Office Address:	2636 E. 6th Avenue 155 OFF	ice Plaza Drive, la					
Office Address.							
	Tallahassee	, Florida = 32303 - 3 2	<u> </u>				
Registered agent's accep	tance:	(21) (14)	· ,				
	egistered agent and to accept service of	process for the above stated limited	liability company at the place				
designated in this applica	tion. I hereby accept the appointment	as registered agent and agree to act	in this capacity. I further agree				
to comply with the provis	ions of all statutes relative to the prope	er and complete performance of my	duties, and I am familiar with				
and accept the obligation	s of my position as registered agent.						
	See attached						
	(Registered agent	's signature)					
8. The name title or can	acity and address of the person(s) who l	has/have authority to manage is/are:					
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:				
Manager	Michael Wiesenfeld						
	465 Brickell Avenue, #2001						
	Miami, FLA 33231						
		_					
		_					
(Use attachments if neces	ssary)						
9. Attached is a certificate	e of existence, no more than 90 days old	I, duly authenticated by the official ha	wing custody of records in the				
jurisdiction under the law	of which it is organized. (If the certific	ate is in a foreign language, a translat	ion of the certificate under oath				
of the translator must be s	submitted)						
10 This decrees it	cuted in accordance with section 605.02	(12 (1) (b) Elorida Statutos I am aura	a that any false information				
submitted in a document t	o the Department of State constitutes a t	third degree felony as provided for in	s.817.155, F.S.				
Sagamete in a document							
	Offgnatt	are of an authorized person					
	Mighael Wiggenfald						

Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 09/04/2018

ENTITY NAME: PARAISO UPH5301, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PARAISO UPH5301, 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 FOURTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARAISO UPH5301,
LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2016.

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

Authentication: 203355033

Date: 09-04-18