7/12/2018

M18000008360

nae McGraw

Florida Department of State

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Foreign Limited Liability Company 1 East Broward Owner, LLC

Certificate of Status	U
Certified Copy	1
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Estimated Charge	\$155.00

Due to clerical error on part of this office, this entity was filed as a foreign corporation and assigned document number F18000003212; Record updated 09/13/18 by mmilligan

Help

B FIGUEROA

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

IN COMPLIANCE WITH SEC. COMPANYTO TRANSACT BL	TION 605.0902, FLORIDA STATUTES, THE FO ISINESS IN THE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGISTE	R A FOREIGN LIMITED LIABILITY
1. 1 East Broward Owne (Name of Foreign	or, LLC Cimiled Elabibly Company; must include "Lunite	d Liability Company, "(LLC," or "[.I.C.")	
(If name unavailable, onter alternate re-	intendopted for the purpose of transacting business in Flu	rida. The alternate name must include "Limsed Lishi	lity Company," "L.L.C." or "LLC.")
2. Defaware	nich fereign limited liability company it organized)	3. (FEI numbe	v. if applicable)
4	(Date first trussacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration) ine peralty liability)	
5. 10100 Santa Monica	Blvd., Suite 1000	6 10100 Santa Monica Blvo	I., Suite 1000
Los Angeles, CA 900	hincipal Office)	(Mailing Address Los Angeles, CA 90067	
	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
7. Name and street address Name:	C T Conporation System	C 1101 acceptable)	
Office Address:	1200 South Pine Island Road		
	Plantation (City)	Florida 33324 (Zap sude	
designated in this applicate to comple with the provis	egistered agent and to accept service of ution, I hereby accept the appointment of ions of all statutes relative to the properties of my position as registered agent. By: CT Corporation System (Registered agent)	r and complete performance of my of Stephanie E	m unk capacity. I jarmer agree duties, and I am familiar with Boehm,
8. The name, title or cap Title or Capacity: Managing Member	acity and address of the person(s) who h Name and Address: 1 East Broward Investor	has/have authority to manage is/are: Title or Capacity:	Name and Address:
(Use attachments if nece	ssary)		5
9. Attached is a certificat jurisdiction under the law of the translator must be	e of existence, no more than 90 days old v of which it is organized. (If the certifica submitted)	, duly authenticated by the official hate is in a foreign language, a translat	iving custody of records in the ion of the certificate under oath
10. This document is exe submitted in a document	cuted in accordance with section 605.020 to the Department of State constitutes a t	03 (1) (b), Florida Statutes. I am awa hird degree felony as provided for in	re that any false information s.817.155, F.S.
	Signard	ue of an audionized person	
	Steve Towle, CFO		
	Typed	or printed name of signee	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "1 EAST BROWARD OWNER, 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 TWELFTH DAY OF JULY, A.D. 2018.

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

6969973 8300
SR# 20185627986
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203050933

Date: 07-12-18