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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 9/19/2018		**WALK IN**
ENTITY NAME TAKE 5	PROPERTIES SPV LLC	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
xxx	Plain Copy	
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92	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT	ONES REQUESTED	
TOTAL OWED \$125	снеск # 5274	
Please call Tina at th	e above number for any issues or concerns. Thank you s	ro much!

COVER LETTER

Registration Section
Division of Corporations

TO:

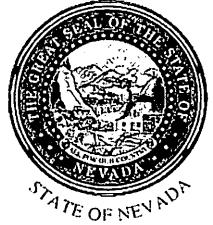
H SUBJECT:	atching Results LI	.c				
	·· · · · · · · · · · · · · · · · · · ·	Name of I	Limited Liability (Company		
The enclosed "A Existence, and	Application by For check are submitte	eign Limited Liability Comp d to register the above refere	eany for Authoriza enced foreign limit	tion to Tra ed liability	nsact Business in Florida," Ce company to transact business	rtificate of in Florida.
Please return al	l correspondence o	oncerning this matter to the	following:			
	Kelli Van Voor	his				
		N	ame of Person			
	C/O DeSanti &	Associates, Inc.				
		Fi	rm/Company			
	300 W. Grand .	Ave., Ste. 205				
			Address			
	Escondido, CA	92025				
		City/S	tate and Zip Code			
	lynn@desantion					
		E-mail address: (to be used	d for future annual	report not	ification)	
For further info	ormation concernin	g this matter, please call:				
URS	AGENTS, LLC c/	o Kathy Clark	800 at (567-43		
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divisi Regis P.O. I	LING ADDRESS: on of Corporations tration Section Box 6327 passee, FL 32314			Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding coutive Center Circle ee, FL 32301	
	heck for the follow 25.00 Filing Fee	ring amount: S130.00 Filing Fcc & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fcc &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

2. Nevada		Florida, The alternate name must include "Limited Liab	ility Company," "L.L.C," or "LLC.")
(Jurisdiction under the law of which		3. 39-2061303	•
(12 1421011411 22201 2111 1211 211 211	foreign limited liability company is organized)	3. (FEI manbe	r, if applicable)
	, , , , , , , , , , , , , , , , , , , ,		
4			
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	r to registration.) comine penalty liability)	
5.		6.	
(Street Address of Princ	spal Office)	(Mailing Addr	··· 66
2110 Locust Street		2110 Locust Street	
San Diego, CA 92106		San Diego, CA 92106	- 4
			The state of the s
σ . Σ	EDITAL CONTROL OF THE	nu NOT conentable)	
/. Name and street address of	of Florida registered agent: (P.O. B	ox MOI acceptable)	
Name:	JRS AGENTS, LLC		
_	450 I AMERICAN DENIE		755 cop
Office Address:	458 LAKESHORE DRIVE		
	FALLAHASSEE	, Florida 32312	F. 190
-	(City)	(Zip code	
	f my position as registered agent.		
and accept the obligations of	f my position as registered agent. (Registered age	Kanetha Bishop, Assistant Secr	duties, and I am familiar with
and accept the obligations of	f my position as registered agent. (Registered age	Kanetha Bishop, Assistant Secr	
and accept the obligations of 8. The name, title or capaci	f my position as registered agent. (Registered agent ty and address of the person(s) who	Kanetha Bishop, Assistant Secr nt's signature) o has/have authority to manage is/are:	ctary
8. The name, title or capaci Title or Capacity:	ty and address of the person(s) who Name and Address: Patricia Hatch 2110 Locust Street	Kanetha Bishop, Assistant Secr nt's signature) o has/have authority to manage is/are:	ctary
8. The name, title or capaci Title or Capacity:	f my position as registered agent. (Registered agent ty and address of the person(s) who Name and Address: Patricia Hatch	Kanetha Bishop, Assistant Secr nt's signature) o has/have authority to manage is/are:	ctary
8. The name, title or capaci Title or Capacity:	ty and address of the person(s) who Name and Address: Patricia Hatch 2110 Locust Street	Kanetha Bishop, Assistant Secr nt's signature) o has/have authority to manage is/are:	ctary
8. The name, title or capaci	ty and address of the person(s) who Name and Address: Patricia Hatch 2110 Locust Street	Kanetha Bishop, Assistant Secr nt's signature) o has/have authority to manage is/are:	ctary
8. The name, title or capaci	ty and address of the person(s) who Name and Address: Patricia Hatch 2110 Locust Street	Kanetha Bishop, Assistant Secr nt's signature) o has/have authority to manage is/are:	ctary
8. The name, title or capaci Title or Capacity: Member	ty and address of the person(s) who Name and Address: Patricia Hatch 2110 Locust Street San Diego, CA 92106	Kanetha Bishop, Assistant Secr nt's signature) o has/have authority to manage is/are:	ctary
8. The name, title or capaci	ty and address of the person(s) who Name and Address: Patricia Hatch 2110 Locust Street San Diego, CA 92106	Kanetha Bishop, Assistant Secr nt's signature) o has/have authority to manage is/are:	ctary
8. The name, title or capaci Title or Capacity: Member (Use attachments if necessary). Attached is a certificate or	ty and address of the person(s) who Name and Address: Patricia Hatch 2110 Locust Street San Diego, CA 92106	Kanetha Bishop, Assistant Secr nt's signature) o has/have authority to manage is/are:	Name and Address:
8. The name, title or capaci Title or Capacity: Member (Use attachments if necessary. 9. Attached is a certificate or jurisdiction under the law of of the translator must be sub	ty and address of the person(s) who Name and Address: Patricia Hatch 2110 Locust Street San Diego, CA 92106 Texistence, no more than 90 days of which it is organized. (If the certification of t	Kanetha Bishop, Assistant Secrative ignature) has/have authority to manage is/are: Title or Capacity:	Name and Address: ving custody of records in the ion of the certificate under oat that any false information
8. The name, title or capaci Title or Capacity: Member (Use attachments if necessa 9. Attached is a certificate or jurisdiction under the law of of the translator must be sub 10. This document is execute submitted in a document to the	ty and address of the person(s) who Name and Address: Patricia Hatch 2110 Locust Street San Diego, CA 92106 Texistence, no more than 90 days of which it is organized. (If the certification of t	Kanetha Bishop, Assistant Secrative ignature) has/have authority to manage is/are: Title or Capacity: Id, duly authenticated by the official had cate is in a foreign language, a translative 203 (1) (b), Florida Statutes. I am awar	Name and Address: ving custody of records in the ion of the certificate under oat that any false information

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HATCHING RESULTS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 9, 2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 12, 2018.

Bollara K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20180912-1905