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| PICK-UP | | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to P | iling Officer: | |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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| | ACCOUNT NO. | : | 1200000019 | 95 | | | |
|--------------|------------------|------|------------|---------|---|-------------------|-------------|
| | REFERENCE | : | 459911 | 4348715 | | | |
| | AUTHORIZATION | : | Josh & | 8 | | | |
| | COST LIMIT | : | \$ 125.00 | man | | | |
| | | | | | | | |
| ORDER DATE : | October 25, 2018 | | | | | | |
| ORDER TIME : | 11:26 AM | | | | | 2010 | |
| ORDER NO. : | 459911-005 | | | | | H OCT | بستا 1 ا |
| CUSTOMER NO: | 4348715 | | | | 1:5:5 | 126 | |
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NAME: GATE PARKWAY OWNER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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:

1. Gate Parkway Owner LLC

| n name unavaliable, enter allemate r | name adopted for the purpose of transacting business in F | orida. The alternate name must include "Limited Liab | bility Company," "L.L.C," or "LLC.") |
|---|---|---|---|
| Delaware | | 3. | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | (FEI numb | er, if applicable) |
| L | | | |
| · | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to deten | | - A |
| 875 Third Avenue 26 | | | 8 |
| 5. 825 Third Avenue, 36th Floor (Street Address of Principal Office) | | 6. <u>c/o The Praedium Group Ll</u> | |
| New York, New York | | 825 Third Avenue, 36th Flo | |
| | · | New York, New York 1002 | |
| | | | |
| Nta | | | 8 |
| . IName and street addres | ss of Florida registered agent: (P.O. Bo. | < <u>NOT</u> acceptable) | 6 |
| Name: | Corporation Service Company | | |
| Office Address: | 1201 Hays Street | | |
| | | | |
| | Tallahassee | Florida 32301 | |
| egistered agent's accen | (Crty) | , Florida <u>32301</u> (Zip code |) |
| esignated in this applica comply with the provisi | (Crty) | (Zip code process for the above stated limited is registered agent and agree to act i and complete performance of my d RO: Asst. | , liability company at the place in this capacity. I further agree |
| laving been named as re esignated in this applica o comply with the provisi nd accept the obligation: | (Cay) stance: gistered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: (Registered agent's | (Zip code process for the above stated limited is registered agent and agree to act i and complete performance of my d Roi Asst. | , liability company at the place in this capacity. I further agree luties, and I am familiar with xanne Turner |
| laving been named as re esignated in this applica o comply with the provisi nd accept the obligation: | (Cay) stance: gistered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: | (Zip code process for the above stated limited is registered agent and agree to act i and complete performance of my d Roi Asst. | , liability company at the place in this capacity. I further agree luties, and I am familiar with xanne Turner |
| faving been named as re esignated in this applica a comply with the provisi nd accept the obligations b. The name, title or capa <u>Title or Capacity:</u> | (Cay) tance: gistered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the proper s of my position as registered agent. Corporation Serve Company By: (Registered agent's acity and address of the person(s) who has <u>Name and Address</u> : | (Zip code process for the above stated limited is registered agent and agree to act i and complete performance of my d RO: Asst. signance) as/have authority to manage is/are: | liability company at the place in this capacity. I further agree luties, and I am familiar with xanne Turner Vice President |
| laving been named as re esignated in this applica comply with the provisi nd accept the obligations . The name, title or capa | (Cay) trance: gistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the proper s of my position as registered agent. Corporation Serve Company By: (Registered agent's trity and address of the person(s) who he <u>Name and Address:</u> <u>Gate Parkway Member LLC</u> <u>825 Third Aye., 36th Fl.</u> | (Zip code process for the above stated limited is registered agent and agree to act i and complete performance of my d RO: Asst. signance) as/have authority to manage is/are: | liability company at the place in this capacity. I further agree luties, and I am familiar with xanne Turner Vice President |
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(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. 1 am aware that any false information submitted in a document to the Department of State constitutes a first degree felony as provided for in s.817.155, F.S.

| Wayne ' | IN- AN I. | |
|-----------------|---------------------------------|--|
| V | Signatur of artershonzed person | |
| Wayne M. Lopkin | | |

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GATE PARKWAY 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 TWENTY-FIFTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GATE PARKWAY OWNER LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2018.

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



7117691 8300 SR# 20187330503

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

Jettrey W. Bullion, Secretary of State

Authentication: 203685456 Date: 10-25-18