845 From. Ranaging Graw To, Divisio tions Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003191713)))



H180003191713ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Corporations Fax Number : (850)617-6383
From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:



Electronic Filing Menu Corporate Filing Menu

Help

• .

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS INTHE STATE OF FLORIDA:

Delaware	une rochied in me bubbese of primering primiter in the	orida. The alternate name must include "Limited Liability Company," "LL C," or "L	LC.")
		3	
(Intistiction under the law of =h	ich foreign limited limbility company is regarized)	(FEI mauber, if apjäicabie)	-
	(Date first transacted business in Florids, if prior to) registration.)	
	(See sections 605.0904 5: 605.0905, P.S. to determ		
3535 Curtis Lane (Sired Address of P	····	6. <u>1270 Avenue of the Americas, 7th Floor</u> (Mailing Address)	_
Miami, Florida 33133	пострат (Эшасе)	New York, New York 10020	
Mudult Liquida 20122		New York, Here Telle Toole	-
	<u> </u>	<u>P</u>	
			2
Name and street addres	s of Florida, registered agent; (P.O. Bo)	x <u>NOT</u> acceptable)	្រា
	C T Corporation System		1-5 AM 4: 40
Name:	C 1 Corporation cystem		E
Office Address:	1200 South Pire Island Road		÷.
			2
	Plantation	, Florida <u>33324</u>	ć
	(City)	(Zip code)	
		- ちじろうぶぐぐ ちかと だんる かたんいろ しだけるが しだいじんだい じょうがいれんがい ガレト	
lesignated in this applicate o comply with the provision accept the obligations	gistered agent and to accept service of tion, 1 hereby accept the appointment of ons of all statutes relative to the proper s of my position as registered agent. By: C T Corporation System	as registered agent and agree to act in this capacity. I fur rand complete performance of my duties, and I am famil Jam M. D. J. James M. Halp	ther d liar wi DİN
laving been named as re lesignated in this applicat o comply with the provisi and accept the obligations	tion, 1 hereby accept the appointment of ons of all statutes relative to the proper- s of my position as registered agent.	as registered agent and agree to act in this capacity. I fur rand complete performance of my duties, and I am famil Jam M. Heff-James M. Halp Assistant Secreta	ther d liar wi DİN
laving been named as re lesignated in this applicat o comply with the provisi nd accept the obligations	tion, 1 hereby accept the appointment a ons of all statutes relative to the proper s of my position as registered agent. By: C T Corporation System (Registered agent)	as registered agent and agree to act in this capacity. I fur r and complete performance of my duties, and I am famil for M. Hoj-James M. Halp Assistant Secretar	ther d liar wi DİN
laving been named as re- lesignated in this application o comply with the provisi nd accept the obligations 8. The name, title or capa	tion, 1 hereby accept the appointment a ons of all statutes relative to the proper s of my position as registered agent. By: C T Corporation System (Registered gent) acity and address of the person(s) who h	as registered agent and agree to act in this capacity. I fur r and complete performance of my duties, and I am famil M. H.J. James M. Half 	ther a liar wi DİN ry
laving been named as re lesignated in this applicat o comply with the provisi nd accept the obligations	tion, 1 hereby accept the appointment of one of all statutes relative to the proper- s of my position as registered agent. By: C T Corporation System (Registered ment) acity and address of the person(s) who here Name and Address:	as registered agent and agree to act in this capacity. I fur r and complete performance of my duties, and I am famil for M. Hoj-James M. Halp Assistant Secretar	ther a liar wi DİN ry
laving been named as re- lesignated in this application o comply with the provisi nd accept the obligations 8. The name, title or capa <u>Title or Capacity:</u>	tion, 1 hereby accept the appointment of one of all statutes relative to the proper- s of my position as registered agent. By: C T Corporation System (Registered gent) acity and address of the person(s) who h <u>Name and Address</u> : Nathan D. Leight	as registered agent and agree to act in this capacity. I fur r and complete performance of my duties, and I am famil M. H.J. James M. Half Assistant Secretar visulation inschave authority to manage isfare: <u>Title or Capacity:</u> <u>Name and Address</u>	ther a liar wi DİN ry
laving been named as re- lesignated in this application comply with the provisi nd accept the obligations 8. The name, title or capa <u>Title or Capacity:</u>	tion, 1 hereby accept the appointment of ons of all statutes relative to the proper- s of my position as registered agent. By: C T Corporation System (Registered gent) acity and address of the person(s) who h <u>Name and Address</u> : Nathan D. Leight 1270 Avenue of the America	as registered agent and agree to act in this capacity. I fur r and complete performance of my duties, and I am famil M. J.J. James M. Halp Assistant Secretar r signature) ias/have authority to manage is/are: <u>Title or Capacity:</u> Name and Address Name and Address	ther a liar wi DİN ry
laving been named as re- esignated in this applicat comply with the provisi nd accept the obligations The name, utle or capa <u>Title or Capacity:</u>	tion, 1 hereby accept the appointment of one of all statutes relative to the proper- s of my position as registered agent. By: C T Corporation System (Registered gent) acity and address of the person(s) who h <u>Name and Address</u> : Nathan D. Leight	as registered agent and agree to act in this capacity. I fur r and complete performance of my duties, and I am famil M. J.J. James M. Halp Assistant Secretar r signature) ias/have authority to manage is/are: <u>Title or Capacity:</u> Name and Address Name and Address	ther a liar wi DİN ry
laving been named as re- lesignated in this application comply with the provisi nd accept the obligations 8. The name, title or capa <u>Title or Capacity:</u>	tion, 1 hereby accept the appointment of ons of all statutes relative to the proper- s of my position as registered agent. By: C T Corporation System (Registered gent) acity and address of the person(s) who h <u>Name and Address</u> : Nathan D. Leight 1270 Avenue of the America	as registered agent and agree to act in this capacity. I fur r and complete performance of my duties, and I am famil M. J.J. James M. Halp Assistant Secretar r signature) ias/have authority to manage is/are: <u>Title or Capacity:</u> Name and Address Name and Address	ther a liar wi DİN ry

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) (5), Florida Statutes 1 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

NIE		
	Signature of an archorized person	
Nathan D. Leight		
	"Stand or anisted prove of simple	

Typed or printed name of signree



The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TERRAPIN REALIZATION GP, 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 FIFTH DAY OF NOVEMBER, A.D. 2018.

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





7131383 8300

SR# 20187485441 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203838091 Date: 11-05-18