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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

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REFERENCE: 474363 4301938

AUTHORIZATION

COST LIMIT : \$/125.00

ORDER DATE: November 7, 2018

ORDER TIME : 2:09 PM

ORDER NO. : 474363-010

CUSTOMER NO: 4301938

FOREIGN FILINGS

NAME: RENEW AH TENANT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

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. RcNcw AH Tenant LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.," (If name unavailable, erner alternate name adopted for the purpose of hansacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LL.C.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability) 5. One SeaGate (Mailing Address) (Street Address of Principal Office) Suite 1500 Toledo, Ohio 43604 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: Office Address: 1201 Hays Street Florida 32<u>30</u>1 Tallahassee (City) (Zip Code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company to designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Corporation, Service Company **Emily Croft** Asst. Vice President ent's signature (Registered a 8. The name, title or capacity and address of the person(s) who has have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Renew AH TRS LLC Sole Member One SeaGate, Suite 1500 Toledo, Ohio 43604 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree Telony as provided for in s.817.155, F.S. Signature of an authorized person Steven W. Schroeder, Authorized Person

Typed or printed name of signee

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RENEW AH TENANT 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 SEVENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RENEW AH TENANT LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2018.

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

Authentication: 203849466

Date: 11-07-18

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