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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 480306 7456992 AUTHORIZATION COST LIMIT ORDER DATE: November 12, 2018 ORDER TIME : 1:42 PM ORDER NO. : 480306-010 CUSTOMER NO: 7456992 FOREIGN FILINGS NAME: TRICERA FLAGLER UPTOWN LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: ____

COVER LETTER

| то: | Registration Section Division of Corporation | ıs | | | | | | | | | |
|---------|--|---|------------------------------------|--|---|--|--|--|--|--|--|
| en in r | Tricera Flagler Upto | own LLC | | | | | | | | | |
| SOBJ | Name of Limited Liability Company | | | | | | | | | | |
| | | reign Limited Liability Comp d to register the above refer | | | | | | | | | |
| Please | return all correspondence of | concerning this matter to the | following: | | | | | | | | |
| | Melissa Mazri | m | | | | | | | | | |
| | | N | ame of Person | | | | | | | | |
| | Polsinelli PC | | | | | | | | | | |
| | | Firm/Company | | | | | | | | | |
| | 150 N. Riversio | 150 N. Riverside, Suite 3000 | | | | | | | | | |
| | | | Address | | | | | | | | |
| | Chicago, IL 60 | Chicago, IL 60606 | | | | | | | | | |
| | City/State and Zip Code | | | | | | | | | | |
| | mmazrim@pols | sinelli.com | | | | | | | | | |
| | | E-mail address: (to be used | d for future annual | report no | tification) | | | | | | |
| For fu | rther information concerning | g this matter, please call: | | | | | | | | | |
| | Melissa Mazrim | | 312 at (| 873-36 | 531 | | | | | | |
| | Name o | of Contact Person | Area Code | Day | ytime Telephone Number | | | | | | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section Building ecutive Center Circle see, F1, 32301 | | | | | | |
| Enclo | sed is a check for the follow ■ \$125.00 Filing Fee | ring amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin Certified Copy | g Fee & | □ \$160.00 Filing Fee, Ce of Status & Certified Cop | | | | | | |

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Tricera Flagler Uptown (Name of Fore | rign Limited Liability Co | ompany; must includ | le "Limited Liabi | lity Company," "L.L.C | C.," or "LLC.") |
|---|---|--|-----------------------|-------------------------|---|
| | | | | | |
| iability Company," "L.L.C, | | or the purpose of train | isacting business | in Florida. The alterna | ate name must include "Limited |
| Delaware | | 3. | | (FEI number, if appl | |
| (Jurisdiction under the law company is organized) | of which foreign limited | I liability | | (FEI number, if appl | icable) |
| - | (Date first trans (See sections 605. | sacted business in Fl | orida, if prior to r | egistration.) | |
| 80 S.W. 8th Street, Sui | (| .0904 & 605.0905. F | S. to determine | penalty liability) | |
| | | | | | |
| Miami, FL 33130 | (Street | Address of Principa | l Office) | | |
| 80 S.W. 8th Street, Sui | | • | | | |
| Miami, Florida 33130 | | | | | · |
| | | (Mailing Address |) | | |
| . Name and street addres | ss of Florida registered | d agent: (P.O. Box | c <u>NOT</u> acceptal | ole) | 器 . |
| Name: | Corporation Service | : Company | ···· | | 27 -3 |
| Office Address: | 1201 Hays Street | · · · · · · · · · · · · · · · · · · · | | | TARY OF STATE |
| | Tallahassee | | | , Florida <u>32301</u> | EEST |
| | | (City) | | (Zip co | de) 72 35 |
| esignated in this applica | tion, I hereby accept ons of all statutes reli | the appointment a ative to the proper cred agent. the Company | is registered ag | ent and agree to ac | d liability company at the plant in this capacity. I further as duties, and I am familiar wit Roxanne Turner Asst. Vice President |
| 8. The name, title or capa | acity and address of th | ne person(s) who h | as/have authorit | y to manage is/are: | |
| Scott Sherman - 80 S.W. | 8th Street, Suite 2802 | . Miami, FL 33130 | 0 - Manager | | |
| | | | | | |
| | | | | | |
| | of which it is organize | | | | aving custody of records in the |
| | | Signature of an a | utherized person | | |
| Militard Community | d to a count to the | ū | · | | kan ann dal sa tadi (1945) |
| This document is executed ubmitted in a document to | | | | | |
| | Scott Sherman | | | | |

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TRICERA FLAGLER UPTOWN 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 NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRICERA FLAGLER UPTOWN LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2018.

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

Authentication: 203880282

Date: 11-12-18