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| Special Instructions to Filing Officer: |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

XX_____PLAIN STAMPED COPY

XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 503507 AUTHORIZATION : COST LIMIT : \$ 130.00 ORDER DATE: November 27, 2018 ORDER TIME : 1:18 PM ORDER NO. : 503507-005 CUSTOMER NO: 5172830 . FOREIGN FILINGS NAME: TRINITY GLO AM LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY

EXAMINER:

COVER LETTER

.

| TO: Registration Division of C | n Section Corporations | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|
| | Y GLO AM LLC | | | | | | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | | | | | | |
| | | for Authorization to Transact Business in Florida," Certificate of d foreign limited liability company to transact business in Florida | | | | | | | | |
| Please return all corre | espondence concerning this matter to the following | owing: | | | | | | | | |
| JEF | FREY S. BARRY | | | | | | | | | |
| _ | Name | of Person | | | | | | | | |
| TR | INITY REAL ESTATE INVESTMENTS L | LC | | | | | | | | |
| | Firm/0 | Company | | | | | | | | |
| 111 | 11111 SANTA MONICA BOULEVARD SUITE 930 | | | | | | | | | |
| - | Address | | | | | | | | | |
| LO | LOS ANGELES, CALIFORNIA 90025 | | | | | | | | | |
| | City/State and Zip Code | | | | | | | | | |
| JBAI | RRY@TRINITYINVESTMENTS.COM | | | | | | | | | |
| | E-mail address: (to be used for | future annual report notification) | | | | | | | | |
| For further information | on concerning this matter, please call: | | | | | | | | | |
| JEFFREY S | | 213 318-0581 | | | | | | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | | | | | | |
| MAILING ADDIVISION of C Registration P.O. Box 63: Tallahassee. | Corporations Section 27 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | | | | |
| Enclosed is a check for | or the following amount: | _ | | | | | | | | |
| \$125.00 | Filing Fee \$\int \text{\$\subset\$130.00 Filing Fee & Certificate of Status} | S155.00 Filing Fee & S160.00 Filing Fee, Certificat Opy of Status & Certified Copy | | | | | | | | |

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 TAMBLED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign l | imited Liability Company; must include "Limite | d Liability | Company, ""L.L.C.," or "LLC.") |
|---|---|-----------------|---|
| If name unavailable, enter alternate na | me adopted for the purpose of transacting business in Flo | rida The alte | rnate name must include "Limited Liability Company," "L.L.C," or "LLC.") |
| DELAWARE | | 3 | |
| (Jurisdiction under the law of wh | ich foreign limited hability company is organized) | | (FEI number, if applicable) |
| · | (Date first transacted business in Florida, if prior to | reustration l | |
| | (See sections 605,0904 & 605,0905, F.S. to determ | me penalty la | apinti?) |
| 55 MERCHANT STRE | | | IIIII SANTA MONICA BOULEVARD |
| (Street Address of P | nncipal Office) | ٠ | (Mailing Address) |
| SUITE 1500 | | 5 | SUITE 930 |
| HONOLULU, HAWAI | 1 96813 | ! - | LOS ANGELES, CALIFORNA 90025 |
| . Name and street addres | s of Florida registered agent: (P.O. Box | : <u>NOT</u> ac | eceptable) |
| Name: | Corporation Service Company | . | |
| Office Address: | 1201 Hays Street | | SECRETARA |
| | Tallahassee | | , Florida 32301 S |
| | (City) | | (Zip code) |
| legistered agent's accept laving been named as rej | gistered agent and to accept service of j | process f | or the above stated limited liability commany ut the p |
| comply with the provisi | | | red agent and agree to act in this capacity. Isfarther aplete performance of my duties, and I am familiar |
| | | L | Emily Croft |

| • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (Use attachments if | nucaccami) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | - | T) | 7 | • | | = | <u>-</u> | | |
| (Ose attacimients ii | ficate of existence, no | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | רמי | _ (⊃: | (/) | | | ē | 5 | | |
| Attached is a certi jurisdiction under the of the translator mus | e law of which it is org | nore mizeo | : tha :d. (| ha . (| ıa (| 16 | h | ł: | 1. | t J | ti j | 1. | 1. | ł I. | h | h · | 1. | 14 | a (| (] ar | n] | f f | 9i | 0 he | da e c | ay ce | v: | s ti | o ifi | ic TC | d. ca | l, at | d te | lu : i | ly s | iı | 1 | ui a | th f | 0: | ni | ti ei | gi | ite 1 | ed la | n, | by gi | z t ua | he ge | C | a (| īc tra | an an | ıl l ısl | ha at | vi io | ng n c |) c of | :u `th | st ne | : c | S C C | <u> </u> | 形 | re ca | ite ite | . d | <u>j</u> s nc | l | in er |
| | s executed in accordan- nent to the Department | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nf | fo ⁻ | rn | at | į | o |
| | Jeffrey | 5 | • ; | 7 | 5 | | | | | | | | | | | | | | • | _ | 7 | ? | ۰ ـ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Typed or printed name of signee

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| Title or Capacity: | Name and Address: |
|--------------------|---|
| President | Sean A. Hehir |
| | 55 Merchant Street, Suite 1500 |
| | Honolulu, Hawaii 96813 |
| Vice President | Greg Dickhens |
| | 55 Merchant Street, Suite 1500 |
| | Honolulu, Hawaii 96813 |
| Vice President | Ryan Donn |
| | 55 Merchant Street, Suite 1500 |
| | Honolulu, Hawaii 96813 |
| Treasurer | Kevin Hayashi |
| | 55 Merchant Street, Suite 1500 |
| | Honolulu, Hawaii 96813 |
| Secretary | Jeffrey S. Barry |
| - | 11111 Santa Monica Boulevard, Suite 930 |
| | Los Angeles, California 90025 |

Page 1



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

DELAWARE, DO HEREBY CERTIFY "TRINITY GLO AM 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-SEVENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRINITY GLO AM LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2018.

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

at corn delaware gov/aut

Authentication: 203968847

Date: 11-27-18