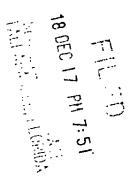
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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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18 DEC 17 PH 1: 45
DECAR CARN US STATE
OVISION OF CORPORATION

K. SALY DEC 1 8 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195
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REFERENCE : 547264 4816510

AUTHORIZATION :

COST LIMIT : \$ (195.00

ORDER DATE: December 17, 2018

ORDER TIME : 12:38 PM

ORDER NO. : 547264-005

CUSTOMER NO: 4816510

FOREIGN FILINGS

NAME: HRA GLENN LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
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 615 1922, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FORFIGN TUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L HRA GLENN LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C." or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 3. APPLIED FOR 2. DELAWARE (FEI number, if applicable) (Jurisdiction under the law of which foreign lumited liability company is organized) **UPON FILING** (Date first transactee business in Florida, if prior to repairming) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6. same as street address 2003 Western Avenue, Suite 445 (Street Address of Principal Office) (Mailing Address) Seattle, WA 98121 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: , Florida 32301 Tallahassee Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place 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. Roxanne Turner Corporation Service Asst. Vice President 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Title or Capacity: Name and Address: Name and Address: HRA Manager LLC Manager 2003 Western Ave., Ste. 445 Scattle, WA 93121 (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 60571203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third dearet Ry-ny as provided for in s.817.155, F.S.

HRA Manager LLC, Manager, by Timothy D. Smith, Manager

Typed or junited name of signer

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HRA GLENN 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 FOURTEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HRA GLENN LLC"

WAS FORMED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2018.

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





Authentication: 204107171

Date: 12-14-18

7194407 8300 SR# 20188170240

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