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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number: I20080000067

: (845)425-0077

Fax Number

: (845)818-3588

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

Email	Address:	_	

Foreign Limited Liability Company Winter Springs Owner LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 608,0802, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY

	USINESS IN THE STATIS OF FILIRIDA:				
1. Winter Springs Owner	LLC Limited Liability Company; must include "Limited"		' M		
(Name of Foreign	Lighted Liability Company; mile laction - Library	islining company, that, or the	, ,		
(If garns unavailable, enter alternate :	nace adopted for the surpose of transacting backness in Fibric	in. The electrate same most include "Lindard I	hhility Company," "L.L.C," or "LL.C,")		
2 Delaware	-				
	Alch foreign flerhood Bability company is organized)	3. (FEI =:	3, (PBI manher, Trappikable)		
4	(Dure Brit Iransacued husbers in Florida, If prior is no (See sections 603,090s & 603,0905, F.S. to determine	primine)			
650 Madinas Assaula	•		and Floor		
5 650 Madison Avenue, 22nd Floor (SINN Addison or Principal Origin) New York, NY 10022		6. 650 Madison Avenue, 22nd Floor (Making Addess)			
		New York NY 10022			
			· · · · · ·		
7 Name and street addres	u of Florida registered agent: (P.O. Box.)	NOT acceptable)			
1. 1.45 at 125 <u>54 44 64 64 1</u>			7		
Name:	Vcorp Services, LLC		2019 HAY SECLATA		
Office Address:	5011 South State Road 7, Suite 106		9H		
	Davie		A A		
	(Chy)	, Florida 33314	- S 2		
Registered agent's accep	- · ·		m-< '		
and accept the obligation	s of my position as registered agent. M. M.	da	100 P		
	(Registered agent's sig				
	· • • • • • • • • • • • • • • • • • • •	tion of the state			
 The name, title or caps <u>Title or Capacity:</u> 	acity and address of the person(s) who has: Name and Address:	nave authority to manage uvare: <u>Title or Capacity:</u>	Name and Address:		
		Cide of Coperator	,		
Manager	Winter Springs GP LLC 650 Madison Avenue, 22nd Fl				
	New York, NY 10022				
	_				
					
	·				
(Use attachments if neces	sary)				
). Attached is a certificate	of existence, no more than 90 days old, du	ly authenticated by the official l	naving custody of records in the		
urisdiction under the law	of which it is organized. (If the certificate i	is in a foreign language, a transli	ation of the certificate under out		
of the translator must be sa	ubmitted)				
(A) This document is exec	uted in accordance with acction 605.0203 (1) (b), Florida Statutes, Lam awa	are that any false information		
submitted in a document to	the Department of State constitutes a third	degree felony as provided for it	n g.817.155, F.S.		
	1/1	•			
	Signatur of	as auditained prints			
	(1)				
	J. Jay Lobell	-			
		lated names of signes			

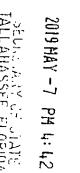


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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WINTER SPRINGS OWNER LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WINTER SPRINGS OWNER LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2019.

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



Authentication: 202778926

Date: 05-07-19