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Date:	06/24/2019		
	Merritt W	alker	_
Reference	#:1099	9669	_
			FUNDING COMPANY LLC
✓ Artic	les of Incorporatio	n/Authorization	to Transact Business
Ame	endment		
☐ Cha	nge of Agent		
☐ Rein	statement		
Con	version		
☐ Mer	ger		
Diss	olution/Withdrawa	ŀ	
☐ Ficti	tious Name		
✓ Othe	er	CERTIFIED COF	Y OF THE FILING EVIDENCE
Authorized	Amount: 5	1155	i on .
Signature:		um	

COVER LETTER

	gistration Section vision of Corporations					
SUBJECT:	DC Rockledge II Funding Company LLC					
SUBJECT,	Name of Limited Liability Company					
The enclose Existence, a	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Plorida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.					
Please retur	n all correspondence concerning this matter to the following:					
	Jill A. Russo, Vice President, Assistant Treasurer & Assistant Secretary					
	Name of Person					
	Firm/Company					
68 South Service Road, Suite 120						
	Address					
	Melville, NY 11747					
	City/State and Zip Code					
	PropertyServices@gssnyc.com					
	E-mail address: (to be used for future annual report notification)					
For further	information concerning this matter, please call:					
	Jill A. Russo at 212 295-2748					
	Name of Contact Person Area Code Daytime Telephone Number					
D	AILING ADDRESS: vision of Corporations pistration Section STREET ADDRESS: Division of Corporations Registration Section					
	O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301					
E: Pi [closed is a check for the following amount: ease make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \$\sum \$155.00 Filing Fee & \$\sum \$					
-	Certificate of Status Certified Copy of Status & Certified Copy					

:

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

	DC Rockledge	II Funding C	ompany LLC		
(Name of Foreign	Limited Liability Company; must incl	ude "Limited Liability	Company," "L.L.C.," or "LL	.C.")	
	zene adopted for the purpose of transacting b	ruiness in Florida. The elec	mate name must include "Limite	d Liability Company," "L.L.C.	" or "1.L.C.")
		Marketa III I Market, The Mark			
(Junisdation under the law of w	Delaware High foreign limited liability company is orga	3.	(FEI	number, if applicable)	
(• • • • • •				
	(1) ato first transacted business in Flor (See sections 605,0904 & 605,0905,	ida, if prior to registration.) F.S. to determine penalty li		_	
68 South	Service Road	6.	68 South Service Road		ad
(Street Address of	Principal Office)	-· -	(Mailing	g Address)	
Suite 120		_	Suite 120		
Mahailla	NV 11747	•	Melville	NY 11747	<u> 18</u>
- Welville	, NY 11747	-		751 47	
Name and street addre	ess of Florida registered agent:	(P.O. Box NOT a	cceptable)		JUH 24 PM 12: 2
, tyane and select addit	and of thother to Brand on a Brand	(• •		<u></u>
	COCENCY C		ıc	T.	
Name:	COGENCY G	LODAL III	الحد	e Tr. Sylve reflect o	, <u>=</u>
Office Address:	115 North Calho	oun St. Suit	e 4		123
Office Address.				, A	
	Tallaha	assee	, Florida <u>32</u>	2301 Zin code)	
	U.	ny)		.,,	
Registered agent's acce Having been named as i	ealetered agent and to accent	service of process	for the above stated lin	nited liability compan	y at the pla
design and in this applica	ation, I hereby accept the appositions of all statutes relative to	ointment as reviste	red ageni and agree ic	o aci in inis capacity.	I jurinci u
o comply with the provi and accept the obligatio	ns of my position as registered	agent.	,		
	and a	Id asim	Asst Sacr	ı	
	(Ret	ristered apent's signature)	Asst. Seco	/	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Jill A. Russo Manager Manager Name: Manager Address: 68 South Service Road Member Address: Suite 120 Authorized Authorized Melville, NY 11747 Person Person XOther_Vice President Other_ Other Other __ Manager Name: _ Manager Name: __ Member Address: Member Authorized Muthorized Person Person Other_ Other_ Other. Manager Name: ☐Manager Address: ■ Member ■ Member Address: ______ Authorized ☐ Authorized Person Person Other_ Other___ Other Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 felony as provided for in s.817.155, F.S. Signature of an authorized person Jill A. Russo, Vice President, Assistant Treasurer & Assistant Secretary

Typed or printed name of signos

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DC ROCKLEDGE II FUNDING COMPANY 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-FOURTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DC ROCKLEDGE II
FUNDING COMPANY LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D.
2019.

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

at corp delaware sow/auth

Authentication: 203082304

Date: 06-24-19

7457885 8300 SR# 20195605913