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(City/State/Zip/Phone #)

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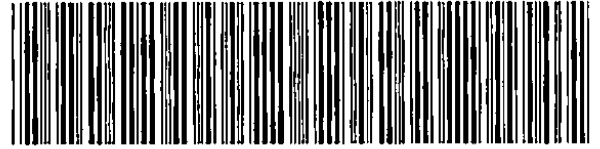
(Business Entity Name)

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 07-09-19

NAME: CRESTVIEW I GP DE LLC

TYPE OF FILING: APPLICATION FOR AUTHORITY

COST: 130.00

RETURN: GOOD STANDING

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Crestview I GP DE 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 Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon filing
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2711 N. Sepulveda Blvd., #526 6. 2711 N. Sepulveda Blvd., #526
(Street Address of Principal Office) (Mailing Address)


Manhattan Beach, California 90226 Manhattan Beach, California 90226

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BCRA, LLC
Office Address: 1905 NW Corporate Boulevard, Suite 310
Boca Raton, Florida 33431
(City) (Zip code)

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.


(Registered agent's signature)

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

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]:

| <u>Title or Capacity:</u> | | <u>Name and Address:</u> | | <u>Title or Capacity:</u> | | <u>Name and Address:</u> | |
|---|----------|-----------------------------------|--|--|----------|-----------------------------------|--|
| <input checked="" type="checkbox"/> Manager | Name: | Sydne Garchik, Manager | | <input type="checkbox"/> Manager | Name: | Crestview I GP LLC | |
| <input type="checkbox"/> Member | Address: | 2711 N. Sepulveda Blvd., #526 | | <input checked="" type="checkbox"/> Member | Address: | 2711 N. Sepulveda Blvd., #526 | |
| <input type="checkbox"/> Authorized | | Manhattan Beach, California 90226 | | <input type="checkbox"/> Authorized | | Manhattan Beach, California 90226 | |
| Person | | | | Person | | Sydne Garchik, Manager | |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> Other | | | |

| | | | | | | | |
|-------------------------------------|----------|--|--|-------------------------------------|----------|--|--|
| <input type="checkbox"/> Manager | Name: | | | <input type="checkbox"/> Manager | Name: | | |
| <input type="checkbox"/> Member | Address: | | | <input type="checkbox"/> Member | Address: | | |
| <input type="checkbox"/> Authorized | | | | <input type="checkbox"/> Authorized | | | |
| Person | | | | Person | | | |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> Other | | | |

| | | | | | | | |
|-------------------------------------|----------|--|--|-------------------------------------|----------|--|--|
| <input type="checkbox"/> Manager | Name: | | | <input type="checkbox"/> Manager | Name: | | |
| <input type="checkbox"/> Member | Address: | | | <input type="checkbox"/> Member | Address: | | |
| <input type="checkbox"/> Authorized | | | | <input type="checkbox"/> Authorized | | | |
| Person | | | | Person | | | |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> Other | | | |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Sydne Garchik, Manager

Typed or printed name of signer

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JANET STONE
CLERK OF COURT

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRESTVIEW I GP DE 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 EIGHTEENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRESTVIEW I GP DE LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2019.

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



7471245 8300

SR# 20195493363

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203044358

Date: 06-18-19