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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 : (855)498-5500 Fax Number : (800)432-3622

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 HALL URBAN ORLANDO, LLC

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "IJ.C,") (Para univ-shale, note dismays same adopted for the purpose of treatments of liability company in organized: 2. Texas. (Institutions under the law of a bich foreign humod liability company) in organized: 4. August 15, 2019 (Dee first presence becames of liability from the registered agent of the control of liability company) in organized: 5. 2323 Ross Avenue, Suite 200 (Rose Address of Florida registered agent: (P.O. Box NOT acceptable) Name: Capitol Corporate Services, Inc. Office Address: 515 East Park Avenue 2nd Floor Tallahassec (ring) (ring) Registered agent a 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 capecity. I further agent accomplish the provisions of all studies reliable to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Kim Tallock, Asst Sec on behalf of Capitol Corporate Services, Inc. (Registered agent to Capacity: Name, title or capacity and address: Title or Capacity: Name, and Address: Title or Capacity: Name, and Address: Title or Capacity: Name, and Address: Name and Address: Title or Capacity: Name, and Address: Name and Address: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address	t 1 Hall Urban Orlando, L	LC		
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Superint agent Superint Sup	2. I CXBS (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI numb	er, if applicable)
5. 2323 Ross Avenue, Suite 200 Dallas, Texas 75201 Dallas, Te	4. August 15, 2019		·····	2019
5. 2323 Ross Avenue, Suite 200 Dallas, Texas 75201 Dallas, Te		(Date first transacted business in Florida, if prior to (See accrious 605,0904 & 605,0905, F.S. to determine	registration) inc penalty fratifity)	
Dallas, Texas 75201 Name: Office Address: Tallahassee Tallahassee Tallahassee Tallahassee Tallahasse (Cop) 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 accept the obligations of all statutes relative to the proper and complete performance of my dattes, and I am familiar with and accept the obligations of my position as registered agent. Kim Tallock, Asst Sec on behalf of Capitol Corporate Services, Inc. (Registered agent's inputed) Registered agent and address of the proper and complete performance of my dattes, and I am familiar with and accept the obligations of my position as registered agent. Kim Tallock, Asst Sec on behalf of Capitol Corporate Services, Inc. (Registered agent agent and agree to act in this capacity. I further agree to complete performance of my dattes, and I am familiar with and accept the obligations of my position as registered agent. Kim Tallock, Asst Sec on behalf of Capitol Corporate Services, Inc. (Registered agent agent and agree to act in this capacity. I further agree to complete performance of my dattes, and I am familiar with and accept the obligations of my position are registered agent. Kim Tallock, Asst Sec on behalf of Capitol Corporate Services, Inc. Registered agent's acceptance with section 4 services. Talle of Capacity. Name and Address: Name	2323 Ross Avenue Si			007 5 -
Dallas, Texas 75201 Dallas, Texas 75201 Dallas, Texas 75201 Tallahassec Capitol Corporate Services, Inc. Office Address: Tallahassec Tallahassec (Ciny) Tallahassec Tallahassec (Ciny) Tal			(Mailing Addr	**)>
Name: Capitol Corporate Services, Inc. Office Address: S15 East Park Avenue 2nd Floor Tallahassee , Florida 32301 (City)	Dallas, Texas 75201		Dallas, Texas 75201	
Name: Capitol Corporate Services, Inc. Office Address: S15 East Park Avenue 2nd Floor Tallahassee , Florida 32301 (City)				7
Name: Capitol Corporate Services, Inc. Office Address: 515 East Park Avenue 2nd Floor Tallahassee , Florida 32301 (City)				The
Name: Capitol Corporate Services, Inc. Office Address: 515 East Park Avenue 2nd Floor Tallahassee , Florida 32301 (City)	7 Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	0.5. -
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Registered agent's acceptance: (City) (City (City) (City (City) (City (City (City (If the orentificate agent the above stated limited liability company at the place designated in this capcion. If this capcion. If the city of	Name:	Capitol Corporate Services, Inc.		प्र
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		/ 1		
Typed or printed name of signer		Michael		

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jose A. Esparza Deputy Secretary of State

Office of the Secretary of State

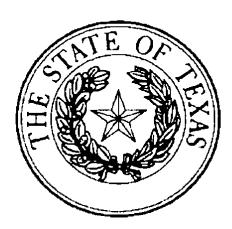
Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Hall Urban Orlando, LLC (file number 803068756), a Domestic Limited Liability Company (LLC), was filed in this office on July 16, 2018.

It is further certified that the entity status in Texas is in existence.

2019 NUG 20 PM 4: 16

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 19, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jose A. Esparza Deputy Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/

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Division of Corporations

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From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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Foreign Limited Liability Company Nex-Tech Communications, LLC

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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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Nex-Tech Communications, LLC [Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") If name inavailable, onler alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Utability Company Kansas 7901 4th St N **STE 300** St. Petersburg FL 33702 Lenora KS 67645 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N STE 300 Office Address: St. Petersburg 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.

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Nex-Tech, LLC	Manager Manager	Name:	
Member	Address: 7901 4th St N STE 300	☐ Member	Address:	
Authorized	St. Petersburg FL 33702	Authorized		
Person		Person		
Other	Other	Other		Other
☐Manager ☐Member	Name:	☐ Manager ☐ Member	Name:	岩 品
Authorized		Authorized		<u> </u>
Person		Person		FLC I
Other	Other	[]Other		
□Manager	Name:	Manager		
Member	Address:	☐ Member —	Address:	
Authorized		Authorized		
Person Other	Other	Person Other		Other
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10. This document submitted in a docu	is executed in accordance with section 605.020; ment to the Department of State constitutes a th	3 (1) (b), Florida Statutes ird degree felony as provi	. I am aware t ided for in s.8	hat any false information 17.155, F.S.
	~ 0	of an authorized person		

Typed or printed name of signee

STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 5506381

Entity Name: NEX-TECH COMMUNICATIONS, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: NEX-TECH, INC.

Registered Office: 145 N Main, LENORA, KS 67645

was filed in this office on November 20, 2014, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

A STATE OF THE STA

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of August 19, 2019

SCOTT SCHWAB SECRETARY OF STATE

Certificate ID: 1111014 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.