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(Bu	usiness Entity Nar	ne)
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2019 AUG 26 AH 10: 09

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 893443 4303719

AUTHORIZATION :

COST LIMIT : \$ 125 No

ORDER DATE: August 21, 2019

ORDER TIME : 8:48 AM

ORDER NO. : 893443-010

CUSTOMER NO: 4303719

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## FOREIGN FILINGS

NAME: CORONADO SPRINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: \_\_\_\_

## 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:

Name: Corporation Service Company  Office Address: 1201 Hays Street  Tallahassee , Florida 32301  (City) (City) (Zip code)  registered agent's acceptance: (City) (In a service of process for the above stated limited liability company at the psignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent.  (Registered agent's signature)  Roxanne Turner  Asst. Vice President	Cherolicition under the law of which foreign linued liability company is organized)   Upon registration   Chair from minuscent bacines in Planda. If price to registration.   Cherolicity from minuscent bacines in Planda. If price to registration.   Cherolicity liability
Upon registration  (Date four examination (Date four examinated liability company is organized)  (See sections 605.0004 & 603.0005, F.S. to determine penalty liability)  c/o FCP  (See Address of Principal Office)  4445 Willard Ave., Ste. 900  Chevy Chase, MD 20815  Corporation Service Company  Office Address:  Tallahassee  (Cay)	Upon registration  (Date first translated business in Florida, II prior to registration)  (Date first translated business in Florida, II prior to registration)  (See sections 605 6064 & 603 6005, F.S. to determine penalty liability)  c/o FCP  (Seren Address of Principal Office)  4445 Willard Ave., Ste. 900  Chevy Chase, MD 20815  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Office Address:  Tallahassee  (City)
(Due for transacted brainess in Florids, If prior to registration.) (See sections 605 0004 & 603 0005, F.5. to determine penalty liability)  c/o FCP  (Sees Address of Principal Office)  (Author Chase, MD 20815  Chevy Chase, MD 20815  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Office Address:  Tallahassee  (City)  (C	(Due frost prosected basiness in Florida, if prior to regustration.) (See sections 605,0904 & 603,0905, F.S. in determine penally labelity)  c/o FCP  (See Address of Principal Office)  4445 Willard Ave., Ste. 900  Chevy Chase, MD 20815  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Office Address:  Tallahassee  (City)  (Registered agent and a
(Due for transacted brainess in Florids, If prior to registration.) (See sections 605 0004 & 603 0005, F.5. to determine penalty liability)  c/o FCP  (Sees Address of Principal Office)  (Author Chase, MD 20815  Chevy Chase, MD 20815  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Office Address:  Tallahassee  (City)  (C	(Due frost prosected business in Florida, if prior to regularation.) (See sections 605.0904 & 605.0905, F.S. to determine penally labelity)  c/o FCP  (Secon Address of Principal Office)  4445 Willard Ave., Ste. 900  Chevy Chase, MD 20815  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Office Address:  Tallahassee  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (Registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:
Cop FCP  (Secret Address of Principal Office)  4445 Willard Ave., Ste. 900  Chevy Chase, MD 20815  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address:  Tallahassee  Tallahassee  (City)  (City	C/O FCP  (Soret Address of Principal Office)  4445 Willard Ave., Ste. 900  Chevy Chase, MD 20815  Chevy Chase, MD 20815  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address: 1201 Hays Street  Tallahassee , Florida 32301  (City)  (Ci
(Street Address of Principal Office) 4445 Willard Ave., Ste. 900  Chevy Chase, MD 20815  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address:    1201 Hays Street	(Cay)  General Address of Principal Office)  A445 Willard Ave., Ste. 900  Chevy Chase, MD 20815  Chevy Chase, MD 20815  Chevy Chase, MD 20815  Chevy Chase, MD 20815  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Office Address:  Tallahassee  (Cay)  (Cay)
Add5 Willard Ave., Ste. 900  Chevy Chase, MD 20815  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Office Address:  Tallahassee  (Civy)	Chevy Chase, MD 20815  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Office Address:  Tallahassee  (Civy)  (
Name: Corporation Service Company  Office Address: 1201 Hays Street  Tallahassee , Florida 32301	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address: 1201 Hays Street  Tallahassee Florida 32301  (City) (
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address:   Tallahassee	Name: Corporation Service Company  Office Address: 1201 Hays Street  Tallahassee (City) (Topical agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Sole Member FCP Fund IV Trust  4445 Willard Ave., Stc. 900 Chevy Chase, MD 20815  Trustees Eslo Korhnonen Alex Marshall 4445 Willard Avenue
Name: Corporation Service Company  Office Address: 1201 Hays Street  Tallahassee , Florida 32301  (City)	Name: Corporation Service Company  Office Address: 1201 Hays Street  Tallahassee , Florida 32301
Name: Corporation Service Company  Office Address: 1201 Hays Street  Tallahassee , Florida 32301  (Civy) (Civy) (2ip code)  In the provision of all statutes relative to the proper and complete performance of my duties, and I am familiar daccept the obligations of my position as registered agent. Hoxanne Turner  Asst. Vice President  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Sole Member FCP Fund IV Trust  4445 Willard Ave., Ste. 900 Chevy Chase, MD 20815  Trustees Eslo Korhnonen Alex Marshall 4445 Willard Avenue Suite 900	Name: Corporation Service Company  Office Address: Tallahassee
Office Address:  Tallahassee  (City)	Office Address:  Tallahassee  Tallahassee  (Cey)  (
gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Sole Member  FCP Fund IV Trust  4445 Willard Ave., Stc. 900  Chevy Chase, MD 20815  Trustees  Eslo Korhnonen  Alex Marshall  4445 Willard Avenue  Suite 900	gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar discrept the obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Sole Member  FCP Fund IV Trust  4445 Willard Ave., Ste. 900  Chevy Chase, MD 20815  Trustees  Eslo Korhnonen  Alex Marshall  4445 Willard Avenue
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Trustees  Eslo Korhnonen  Esto Roccept agent's acceptance:  Name and Address:  For Fund IV Trust  Eslo Korhnonen  Lacy Rice  Eslo Korhnonen  Lacy Rice  Eslo Korhnonen  Lacy Rice  Lacy Ric	Trustees  Eslo Korhnonen  Asst. Vice President  Trustees  Eslo Korhnonen  Alex Marshall  Asst. Willard Avenue
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Chevy Chase, MD.	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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

DELAWARE, DO HEREBY CERTIFY "CORONADO SPRINGS, 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-SECOND DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORONADO SPRINGS, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF AUGUST, A.D. 2019.

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

A CONTRACTOR OF THE PARTY OF TH

Authentication: 203460511

Date: 08-22-19

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