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B KINSEY SEP 2 B 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 932639 4303719

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AUTHORIZATION: Sprell of the

COST LIMIT : \$ 125.00

ORDER DATE: September 24, 2019

ORDER TIME : 2:41 PM

ORDER NO. : 932639-010

CUSTOMER NO: 4303719

FOREIGN FILINGS

NAME: MIRADOR AT WOODSIDE, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

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:

4	Delaware (Jurisdiction under the law of w		rida i he alternate	name must inclu	de "Limited List	ulity Company,	" "L.L C." or "	LLC.^)
4	(Jurisdiction under the law of w		3					
5. <u>c</u>	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI			number, if applicable)		
_	Upon registration							
_		(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determs	registration) ne penalty hability	(1)	-			
4	o FCP		6. c/o	FCP				
_	(Street Address of Principal Office) 4445 Willard Ave., Ste. 900		444	5 11/:11a-d A	(Mailing Addr		26	_
Chevy Chase, MD 20815		4445 Willard Ave., Ste			 	201)	_	
_	Thery Chase, MID 200	15	<u> </u>	vy Chase, N	10 20815		<u>_</u>	— T
'. N	lame and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT accep	table)			25	·
	Name:	Corporation Service Company		_			2	
Office Address:	1201 Hays Street				•		٠٠٠٠٠	
	Office Address.			_		-		
		Tallahassee (Cm)	_ _	_ , Florida .	32301 (Zip code		ယ	
lavi lesig o co	accept the obligation	ons of all statutes relative to the proper of my position as registered agend.	registered of and complete	igeni una uj le performa	nce of my a Rox	luties, and anne Tui	<i>l am fami</i> mer	ther a _t liar wit
Havi design o co and	accept the obligation	(Registered agent's s	and complex	le performa	nce of my a Rox Asst. \	luties, and	<i>l am fami</i> mer	ther a <u>j</u> liar wil
Havi lesign co and	accept the obligation	JOHN position as registered agend.	and complete the c	le performa	nce of my a Rox Asst. \	duties, and anne Tui Vice Pres	<i>l am fami</i> mer	liar wil
Havi lesign co and	accept the obligation; The name, title or capa	(Registered agent's sacity and address of the person(s) who has Name and Address: FCP Fund IV Trust	and complete the c	rity to mana	nce of my a Rox Asst. \	duties, and anne Tui Vice Pres	<i>I am fami</i> mer sident	liar wil
Havi lesign co and	accept the obligation The name, title or capa Title or Capacity:	(Registered agent's sacity and address of the person(s) who has Name and Address:	and complete the c	rity to mana	nce of my a Rox Asst. \	duties, and anne Tui Vice Pres	<i>I am fami</i> mer sident	liar wil
8. 1	accept the obligation The name, title or capa Title or Capacity:	(Registered agend.) (Register	and complete the property of the control of the con	rity to mana	nce of my a Rox Asst. \	Name an	I am fami mer sident ad Addres	iliar wil
Havidesig o co and :	The name, title or capa Title or Capacity: Sole Member	(Registered agend.) (Register	and complete the property of the control of the con	rity to mana	nce of my a Rox Asst. \	Name and 4445 Wi Suite 900	I am fami mer sident ad Addres	s:

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MIRADOR AT WOODSIDE, 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-FIFTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIRADOR AT WOODSIDE, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2019.

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

Authentication: 203663912

Date: 09-25-19