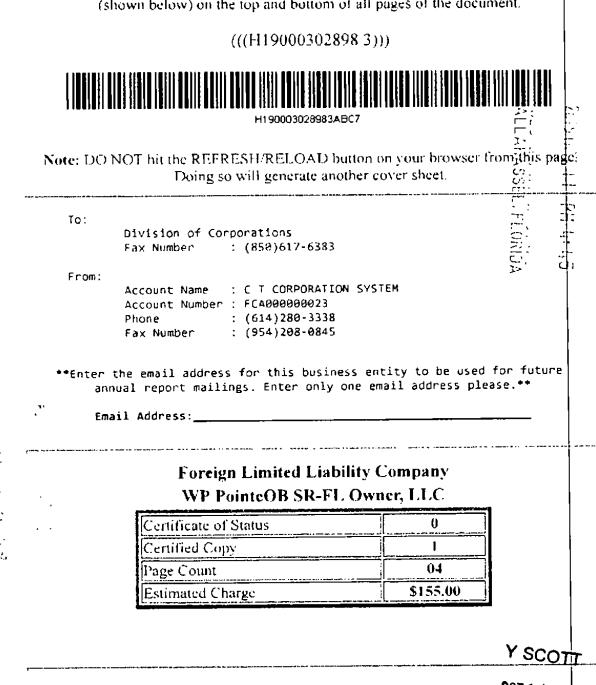
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



OCT 1 1 2019

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APPLICATION BY FO	REIGN LIMITED LIABILITY CON IN FL	MPANY FOI LORIDA	R AUTHORIZ	ATION TO	TRANSAC	T BI
	TON MEDDO, FLORIDA STATUTES THE F SINESS IN THE STATE OF FLORIDA:	CLLOWING IS	(SUBMITHI) TO	O REGISTER A .	FOREIGN L	Mm:
-	SR-FL Owner, LLC united Unbility Company, must reliable "Umbi			到	2015	
Delaware	ene i depued hieras promos ent i ansacting haviness in 11 En theory à licas III debita, complety la log Abretti		t tank thire in the e	HAS-L	Period For	-
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Stamford, CT 0	6902			on, FL 334.	<u></u>	
7. Name and street address	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acce	ptsible)			
Name:	С T Corporation System			,		
Office Address:	1200 South Pine Island Road					
	Plantation (Cay)			3324 (Zip code)		ļ

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fin to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fam and accept the obligations of my position as registered agent.

Mark Holloway, Asst. Sec.

Title or Capacity:	Name and Address:	Title or Capacity	 	Name an	 d
Manager	Name: WP PointeOB SR-FL Sub, LLC	Manager			
X Member	Address: 9 West Broad Street, Suite 800	☐ Member			
Authorized	Stamford, CT 06902	Authorized		<u></u>	
Person	And the second of the second o	Person			
Other		Other		Other	
☐Manoger ☐Member ☐Authorized	Name:	☐ Manager ☐ Membet ☐ Authorized	Name:	LO: 10,	Ph: 1:5.
Person		Person			<u> </u>
[]Other	<u>_</u>	[]Other	 	[]Other	<u>, </u>
☐Manager ☐Member	Name:	☐ Munager			1
Authorized		Authorized	***************************************		ļ
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9. Attached is a ce jurisdiction under of the translator in 10. This document	Use an attachment to report more than six (6). The simple added to the index when filing your Flor retificate of existence, no more than 90 days old, duthe law of which it is organized. (If the certificate use he submitted) It is executed in accordance with section 605.0203 (ument to the Department of State constitutes a third supposse of	ida Department of Staty authenticated by the is in a foreign languate (1) (b), Florida Statut degree felony as pro-	ate Annual Replace of the official have get a translation es. I am aware ovided for in s.	port form. ing custody in of the cert that any fals	of reco

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "WP POINTEOB SR-FL OWNER, 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 ELEVENTH DAY OF OCTOBER, A.D. 2019.

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

7645615 8300 SR# 20197505222

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

AND AND A SERVICE SERVICE OF SERV

Authentication: 2037

Date: 10