10/22/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone Fax Number

: (514)280-3338 : (954)208-0845

**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 **OCRE VIII, LLC**

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Certificate of Status	0
Certified Copy	0
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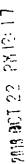
Electronic Filing Menu

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OCT 23 2019



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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAL

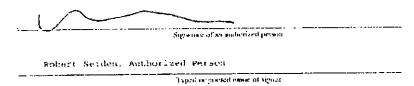
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Delaware		3.	
Classification under the law of wi	nch (oreign hunted liability company is organized)	3(FEU number, if applicable	le)
	(Date first transacted business in Florida, if prior to n (See sections 605 0504 & (0)5 0905, F.S. to determin	chemitic property)	
101 Central Park West		101 Central Park West, Suite 1F	
(Street Address of E	'mnorpat Ottice'	6. (Mailing Address)	
New York, NY 10023		New York, NY 10023	
			2019
		······································	2019/007
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	- 22
Name:	C T Corporation System		~7 7
	1200 South Pine Island Road		2: 일
Office Address:			סי
	Plantation	33324 , Florida	

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 supporting)	
By:	0,4 1,5 0	Assistant Secretary
	CT Corporation System Greeken free	Stephanie Boehm

Title or Capacity:	Nume and Address:		Title or Capacity:		Name and A	ddress:	
Manager	Name: Cuoque Operations Management,	LLC	Manager	Name:		-1	
Member	Address: 101 Central Park West, Ste	15	Member	Address;			
Authorized	New York, NY 19023		Authorized				
Person			Person				
Other MGRM	Other		Other		Other		
[]]Manager	Name:		Manager	Name;			
Member	Address:		Member	Address:			
□Aothorized	man annimitation par species and any is not in one species and species are species and species and species and species and species are species are species and species are spe		Authorized				
Person			Person			~	
Other	Other		□Other	•	[]Other	. <u>G</u>	
Manager	Name:		Manager	Name:		22	======
☐Member	Address:		Member	Address:			
□Authorized			Authorized	*********		ن. (برزاند،	
Person			Person			<u> </u>	
Other	Other		Other		[[Other]		

- 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 \$.817.155, F.S.



Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QCRE VIII, 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-FIRST DAY OF OCTOBER, A.D. 2019.

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



Authentication: 203835668

Date: 10-21-19

7651953 8300 SR# 20197651011

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