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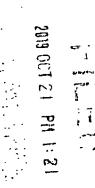
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| Special Instructions to F | iling Officer: | |
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COVER LETTER

| TO: | | ration Section on of Corporations | | | |
|--|--------------------------|--|-----------------------|---|-------------------------------------|
| SUBJE | | andmark Deerfield Owner, LLC | | | |
| 501101 | | Name | of Limited Liability | Company | |
| | | Application by Foreign Limited Liability Co check are submitted to register the above re | | | |
| Please | return al | correspondence concerning this matter to t | he following: | | |
| | | Ellen Gilmore | | | |
| Name of Person | | | | | |
| Greenspoon Marder LLP | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | , | | |
| 200 E. Broward Boulevard, Suite 1800 Address | | | | | |
| | | | | | |
| | | Fort Lauderdale, FL 33301 | | | 2019 OCT |
| City/State and Zip Code | | | | | 06. |
| | | harvitt@landmarkcompanies.nct | | | N N |
| | | E-mail address: (to be u | ised for future annua | l report notification) | 7 |
| For furt | ther info | rmation concerning this matter, please call: | | | |
| | Ellen | Gilmore | 954 at (| 343-6963 | ~ |
| | | Name of Contact Person | Area Code | Daytime Telephone Number | - |
| | Division Registre P.O. B | ING ADDRESS: on of Corporations ration Section ox 6327 assec, FL 32314 | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |
| | Please | ed is a check for the following amount: make check payable to: FLORIDA DEPA 25.00 Filing Fee S130.00 Filing Fe Certificate of: | e & 🔲 \$155.00 | TE D Filing Fee & \$160.00 Filing ied Copy TE S160.00 Filing of Status & C | g Fee, Certificate ertified Copy |

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:

| (Name of Foreign | Limited Liability Company; must include "Limi | ted Liability Company, | ""L.L.C.," or "LLC.") | |
|-------------------------------------|---|--|------------------------------------|-----------------------------|
| name unavailable, enter alternate n | ame adopted for the purpose of transacting business in F | lorida. The alternate name | must include "Limited Liability Co | inmany.""L.L.C." or "LLC.") |
| | • | | | ,·, |
| DE | | 3. | | |
| (Jurisdiction under the law of wi | nich foreign limited liability company is organized) | <u> </u> | (FEI number, if ap | plicable) |
| | | | | |
| | (Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter | to registration.) mine penalty liability) | | - |
| 1200 Sunnyview Oval | | 6. | | |
| (Street Address of P | rincipal Office) | v | (Mathing Address) | |
| Keasbey, NJ 08832-10 | | | | 200 618 |
| Name and street addres | s of Florida registered agent: (P.O. Bo | ox <u>NOT</u> acceptable |) | 72 |
| Name: | Greenspoon Marder LLP | ··· | | - |
| Office Address: | 200 E. Broward Boulevard, Suite 180 | 00 | | · |
| | Fort Lauderdale | | 33301 Torida | |
| | (City) | , | (Zip code) | - |

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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Landmark Deerfield, LLC Manager Name: Address: ____ Member Address: _____ Member Keasbey, NJ 08832-1049 Authorized ☐ Authorized Person Person Other Other_____ Other_ Other_ Manager Manager | Name: Member Address: ☐ Member Address: Authorized Authorized Person Person Other_ Other_____ Other_ Other_ Manager Name: _____ Manager Name: _ Member Address: ☐ Member Address: Authorized Authorized Person Person Other____ Other___ Other___ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the 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 s.817.155, F.S. Signature of an authorized person Ellen Gilmore, Esq.

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LANDMARK DEERFIELD 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 FIFTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LANDMARK DEERFIELD OWNER, LLC" WAS FORMED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2019.

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

Authentication: 203795707

Date: 10-15-19

7655436 8300 SR# 20197553053