

To: 1/20/19 of 6

2019-10-10 4:48 PM

McGraw

1/20/19

Division of Corporations

Florida Department of State

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Electronic Filing System

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (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.

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Foreign Limited Liability Company
GLP US Management II LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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Y SCOTT

NOV 1 2019

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GLP US Management H LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

2. Delaware
(Jurisdiction under the laws of which foreign limited liability company is organized)

84-2693800

3. (FBI number, if applicable)

4. November 1, 2019
(Date first transacted business in Florida, if prior to registration; (see sections 605.004 & 605.005, F.S. to determine penalty liability))

5. 100 Wilshire Boulevard, Suite 940
(Street Address of Principal Office)

6. (Mailing Address)

Santa Monica, CA 90401

c/o Peter O. Kang

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: C T Corporation System
James Halpin, Assistant Secretary
(Registered agent or officer)

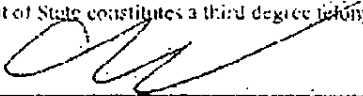
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Please See Attached</u>	☐ 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: _____
☐ 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 indexed for reporting purposes only. Non-indexed 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.317.155, F.S.



 Signature of an authorized person

Thomas Cherry

 Type or printed name of signer

**ATTACHMENT TO FLORIDA APPLICATION BY FOREIGN LLC FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

GLP US MANAGEMENT II LLC

Member	Address
GLP CP Asset Management LLC ✓	100 Wilshire Boulevard, Suite 940 Santa Monica, CA 90401

Officer	Address
Alan Yang - President ✓	100 Wilshire Boulevard, Suite 940 Santa Monica, CA 90401
Adam Berns - Executive Vice President ✓	100 Wilshire Boulevard, Suite 940 Santa Monica, CA 90401
Daniel Ward - Executive Vice President ✓	100 Wilshire Boulevard, Suite 940 Santa Monica, CA 90401
Steven Crowe - Executive Vice President ✓	100 Wilshire Boulevard, Suite 940 Santa Monica, CA 90401
Peter O. Kane - Executive Vice President ✓	100 Wilshire Boulevard, Suite 940 Santa Monica, CA 90401
Annie Fitzgerald - Vice President	100 Wilshire Boulevard, Suite 940 Santa Monica, CA 90401
Thomas Cherry - Vice President	100 Wilshire Boulevard, Suite 940 Santa Monica, CA 90401
Beth Speak - Vice President	100 Wilshire Boulevard, Suite 940 Santa Monica, CA 90401

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FLORIDA

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GLP US MANAGEMENT II 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2019.

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

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203907729

Date: 10-31-19