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.

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To:

From:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADERF & SITTERSON

Account Number : I20060003135 : (305)789-3200 : (305)789-4137 Fax Number

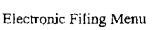
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## Foreign Limited Liability Company SILVER HILLS GP LLC

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

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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	for the above stated limited liat	, Florida

Asst. Vice President

3. 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Jeremy Broniman Name: \_\_\_\_\_ Manager | Manager 201 Santa Monica Blvd. Address: \_\_\_\_\_ Address: Suite 550 Authorized Authorized Santa Monica, CA 90401 Person Person Other\_\_\_\_\_ Other\_\_\_\_\_ Other\_ Other\_ Manager Manager Name: Manager Member Address: \_\_\_\_\_\_ Member | Authorized Mathorized [ ] Person Person Other\_ Other\_\_\_\_\_ Other Manager Manager Name: Name: \_\_\_\_\_\_ Address: \_\_\_ Address: \_\_\_\_\_ Member 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. Jonathan A. Gruskin

Typed or printed mana of signes

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SILVER HILLS GP 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 NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SILVER HILLS GP LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2019.

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

IDNO. 19 PH 4: 44

e at com delaware gov/aut

Authentication: 204012464

Date: 11-15-19

7703814 8300 SR# 20198102027

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