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K. SALY FEB 2 5 2020 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 189550, 7561881

AUTHORIZATION STREET

COST LIMIT : \$\frac{1}{25.00}

ORDER DATE: February 21, 2020

ORDER TIME : 11:46 AM

ORDER NO. : 189550-015

CUSTOMER NO: 7561881

FOREIGN FILINGS

NAME: TUSCANY BAY ACQUISITION LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

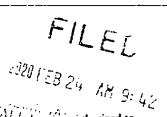


COVER LETTER

TO:	Registration Section Division of Corporations			
	Tuscany Bay Acquisition LLC			
SUBJECT: Name of Limited Liability Company				
The en Exister	nclosed "Application by Foreign Limited Liability Companence, and check are submitted to register the above reference	y for Authorization to Transact Business in Florida," Certificate of ed foreign limited liability company to transact business in Florida.		
Please	e return all correspondence concerning this matter to the fol	lowing:		
	Name of Person			
Corporation Service Company				
	Firm/Company			
	Address			
	City/State	City/State and Zip Code		
E-mail address: (to be used for future annual report notification)				
For fur	urther information concerning this matter, please call:			
	Name of Contact Person	Area Code Daytime Telephone Number		
	Registration Section R Division of Corporations D P.O. Box 6327 T Tallahassee, FL 32314	reet Address: egistration Section ivision of Corporations he Centre of Tallahassee 115 N. Monroe Street, Suite 810 hellahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{c} \$125.00 \text{ Filing Fee} & \Begin{array}{c} \$130.00 \text{ Filing Fee} & \Begin{array}{c} \$155.00 \text{ Filing Fee} & \Begin{array}{c} \$160.00 \text{ Filing Fee, Certificate} \text{ Certificate Copy} & of Status & Certified Copy \$\text{Certificate Of Status} & \text{Certified Copy} & \			

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: **Tuscany Bay Acquisition 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 Florids. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 61-1885295 (LP#) Delaware (FEI comber, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 605.0905, F.S. to determine penalty liability) 12065 Tuscany Bay Drive 12065 Tuscany Bay Drive (Mailing Address) (Screet Address of Principal Office) Tampa, FL 33626 Tampa, FL 33626 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: 32301 Tallahassee Florida (C#y) (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. Kadesha Roberson Asst. Vice President



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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Evan Kirsh, President Daniel Drimmer, CEO Name: □ Manager Name: _ ☐Manager 3280 Bloor Street West 3280 Bloor Street West Address: Address: Centre Tower, Suite 1400 Centre Tower, Suite 1400 **■** Authorized ■ Authorized Toronto, ON M8X 2X3 Toronto, ON M8X 2X3 Person Person □Other_____ Other_ Other_ Other_ Martin Liddell, CFO Name: _____ ■ Manager Name: Manager 3280 Bloor Street West Address: Address: Member Centre Tower, Suite 1400 □ Authorized ■ Authorized Toronto, ON M8X 2X3 Person Person Other_____ ☐Other_ Other_____ □Other_ Name: _____ ■ Manager Name: ______ ☐ Manager Address: Address: _____ ☐ Member ■ Member □ 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.

Evan Kirsh, President

Signature of an eathorized person

Typed or printed name of signer

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "TUSCANY BAY ACQUISITION 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 FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TUSCANY BAY

ACQUISITION LLC" WAS FORMED ON THE TWELFTH DAY OF APRIL, A.D. 2018.

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

TICE 24 AN 9: 4



Authentication: 202438627

Date: 02-21-20