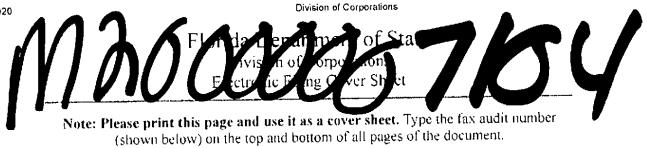
8/14/2020



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To:	Division of Cor Fax Number		12020
From:		: C T CORPORATION SYSTEM : FCA000000023 : (614)280-3338 : (954)208-0845	
*Enter an	the email addres	s for this business entity to be usings. Enter only one email address	used for future please.**

Foreign Limited Liability Company Flagler Pines Operations LLC

Certificate of Status	0		
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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

Flagler Pines Operation	is LLC			
(Name of Foreign	Ennited Liability Company; must include "Emilied	d Liability Company, "C. E.C.," or "U.C.")		
name unavailable, enter alternate n	nime adopted for the purpose of transacting business in Fl	lorida. The alternate name must include "Limited Liebility Company," "L.L.C," or "LLC.")		
Delaware (Landetton under the law of which foreign limited liability company is organized)		85-2472394		
		3. (FEI number, if applicable)		
		and Section 1		
	Date First transacted business in Horida, if prior to (See Sections 605.4944 & 605.0005, F.S. to determine	registroni.) inc penalty liability)		
2123 Centre Point Boulevard		2123 Centre Point Boulevard		
teet Address of Principal Office)		6. (Klailing Address)		
Tallahassee, FL 32308		Tallahassee, FL 32308		
Name and street addres	ss of Florida registered agent: (P.O. Box	(NOT acceptable)		
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation	نين 33324 نين , Florida نين		
	(City)	(r.b.cooc)		

8. For initial indexing numbers, list names, title or capacity and addresses of the primary members/managers or persons authorized to

l'itle or Capacity:	Name and Address:	Title or Capacit	<u>Y:</u>	Name and Address
∐Manager	Name: Flagler Pines Operations Holdings LLC	. Manager	Name:	
Member	Address: 2123 Centre Point Boulevard	□Member	Address:	
□Authorized	Taliahassec, FL 32308	□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

- 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

Daniel Gottesman, Authorized Person

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FLAGLER PINES OPERATIONS 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 THIRTEENTH DAY OF AUGUST, A.D. 2020.

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

Authentication: 203466416

Date: 08-13-20