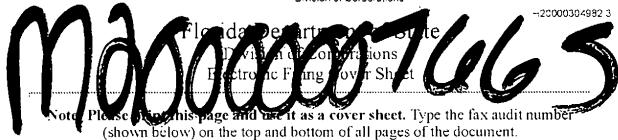
CSC TRANS02

9/2/2020

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email Address:__

Foreign Limited Liability Company **RGN-MIAMIXX, LLC**

Certificate of Status	0
Certified Copy	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORFIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

RGN-Miami XX, LLC						
(Name of Foreign	Limited Liability Company, must include "Limit	rd Liability Con	ipany," "L.L G.," or "LL	.c.r)		
(If name unavailable, onter alternate r	name adopted for the purpose of transacting bioliness in E	Torida he altern	ate name must include "Lim	ited Liability Com	pany,""l.	C, 'ar "ELC."
Delaware 2.		3.	(FE)			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(46)	number, if applic	abie)	
upon filing 4.						
···	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, P.S. to determ	registration) iune penalty liabili	ty)			
3000 Kellway Drive, Suite 140 5. (Street Address of Fracipal Office)		6. <u> </u>	00 Kellway Drive,	Kellway Drive, Suite 140		
(Street Address of Frincipal Office)			(Meiling Address)			
Carrollton, TX 75006		Са: ——	rroilton, TX 75006			
				£.,.	.212	
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acce	ptable)		12 8 SE? -	
Name:	Corporation Service Company			1945 1933 1934	14 0	
Office Address.	1201 Hays Street			* A	\$ 00 00 00 00	10 mg
	Tallahassee		32301 Florida		4 :2	
	(Cay)		(Zip c	uce)		

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.

Corporation Service Company

By.

(Registered agent a signature)

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Fax Server

8.	For initial indexing purposes,	, list names, title o	or capacity and	addresses of the	e primary i	members/managers or	persons	authorized to
ma	nage [up to six (6) total]:							

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name. Regus Corporation	□Manager N	lame.
≅ Member	Address: 3000 Kellway Dr., Ste 140	EMember A	Address:
□Authorized	Carrollton, TX 75006	□Authorized _	
Person		Person _	
□Other	Other	Other	
□Manager	Name.	□Manager №	šanie.
□Member	Address:	□Member 2	Address:
□Authorized		□Authorized	
Person		Person _	
Other		□Other	□Othe1
□Manager	Name.	□Manager 2	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. 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.817.155, F.S.

Michael J Osburn		
968FA6A7831E4PC	Signature of an authorized person	
Michael J. Osburn, VP	of Sole Member	

Typed or printed name of signee

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1.

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STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

The name of the limited liability company is RGN-Miami XX, LLC

2 The Registered Office of	the limited liability company in the State of Del	aware is
located at 251 Little Falls Drive		(street),
in the City of Wilmington	. Zin Code 19808	The
name of the Registered Agent at	such address upon whom process against this li	nited
liability company may be served	l is Corporation Service Company	
	Doou5kg red by	
	A. I A.A.	
	Michael J Osburn	
	Survival Person	
	Name: Michael J. Osburn	
	Print or Type	

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RGN-MIAMI XX, 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 AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RGN-MIAMI XX, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2020.

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

Authentication: 203566555

Date: 08-31-20

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