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

COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY IMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| RE50 LLC | .imited Liability Company; must include "Limited | I iahilih | Company " C "or " C " | | _ |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------|----------------------------|--------|
| (Name of Foreign) | Jimiled Liability Company, must memore timined | Linding | Company, Case, or asc. | | |
| rame mayailable enter alternate n | ame adopted for the purpose of transacting business in Fl | orida. The | alternate name must include "Limited Liabi | lity Company," "L.L.C," or | ר.בור. |
| DE | and anything the party of the second | | 85-4313157 | • • | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | | (FEI number, if applicable) | | |
| | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine | registration ne penalty | i.) liability) | | |
| 400 S. 4th Street, Suite 500 | | 6 | 400 S. 4th Street, Suite 500 | | |
| oct Address of Principal Office) | | 0. | (Mailing Address) | | _ |
| Las Vegas NV 89101 | | | Las Vegas NV 89101 | | |
| | | | | | |
| | | | | · | _ |
| Name and street addres | s of Florida registered agent: (P.O. Box | NOT | acceptable) | | |
| | - • | | • | 2021 | |
| Name: | Registered Agent Solutions, Inc. | | | FEB | • |
| Name. | 165 OSC - No. De Cuite A | | | 8 - 1 | |
| Office Address: | 155 Office Plaza Dr. Suite A | | | *** | 163 |
| | Tallahassee | | 32301 | 99 | i (t) |
| | (Ciry) | | , Florida(Zip code) | _ | |

egistered agent's acceptance:

aving been named as registered agent and to accept service of process for the above stated limited liability company at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.

Mackenzie Hart, Asst. Secretary

(Registered agent's signature)

For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to anage [up to six (6) total]: Name and Address: Title or Capacity: itle or Capacity: Name and Address: Name: Lee Leslie ☐ Manager]Manager 400 S. 4th Street, Suite 500 Member Address: □ Member Address: Las Vegas NV 89101 ☐ Authorized]Authorized Person Person Other ____ ∃Other _ □Other_____ Other Name: _____ □Manager □ Manager Address: Address: □Member □Member ☐ Authorized ☐ Authorized Person Person Other Other □Other □Other □Manager Name: □ Manager Address: ☐ Member Address: ☐ Member □ Authorized ☐ Authorized Person Person \square 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 urisdiction 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 5.817.155, F.S. Signature of an authorized person Lee Leslie

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "RE50 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-SIXTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RE50 LLC" WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2020.

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



Authentication: 202370371

Date: 01-26-21