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Florida Department of State
Division of Corporations
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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Foreign Limited Liability Company
Meridian Miami-Dade, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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

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

1. MERIDIAM MIAMI-DADE, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FBI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration. (See sections 605.3904 & 605.0935, F.S. to determine penalty liability))

5. One Biscayne Tower (Street Address of Principal Office) 2 S Biscayne Blvd Suite #2700 Miami, FL 33131 6. One Biscayne Tower (Mailing Address) 2 S Biscayne Blvd Suite #2700 Miami, FL 33131

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida 33324 (City) (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. Madonna Cuddihy, Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Director Name and Address: Thierry Deau 605 Third Avenue, 36th Floor New York, NY 10158 Title or Capacity: Name and Address:

(Use attachments if necessary) 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.

/s/Thierry Deau Signature of an authorized person Thierry Deau Typed or printed name of signee

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Delaware

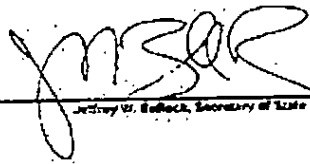
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERIDIAM MIAMI-DADE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF APRIL, A.D. 2018.

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




Jeffrey W. Bullock, Secretary of State

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SR# 20182926761

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

Authentication: 202561545

Date: 04-23-18