

State of Idaho

Office of the Secretary of State

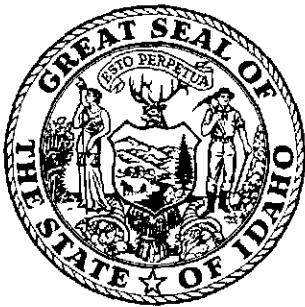
CERTIFICATE OF REGISTRATION
OF
10577 FAIRVIEW AVENUE, LLC

File Number W 166923

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: May 23, 2016



Lawrence Denney
SECRETARY OF STATE
By *[Signature]*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2016 MAY 23 AM 9:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: 10577 Fairview Avenue, LLC

2. The name which it shall use in Idaho is: _____

(Enter a name here, only if you are required to adopt an alternate name)

3. Select the type of entity you wish to register:

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust

Other: _____

(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)

4. Jurisdiction of formation: Florida

(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:

500 Northpoint Parkway Suite 300 West Palm Beach, FL 33407

(Street Address)

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

500 Northpoint Parkway Suite 300 West Palm Beach, FL 33407

(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)

8. Name and street address of registered agent in Idaho:

Givens Pursley Corporate Services 601 W Bannock St Boise ID 83702

(Name)

(Address)

9. The name, capacity, and mailing address of at least one governor:

Mathieu Rosinsky

Member

7 Lagamar Ave Palm Beach, FL 33480

(Name)

(Capacity)

(Address)

(Name)

(Capacity)

(Address)

Typed Name: D. Glen Alexander

Signature:

Capacity: Authorized Representative

Secretary of State use only

IDAHO SECRETARY OF STATE
05/23/2016 05:00
CK:2015 CT:324722 BH:1529759
1@ 100.00 = 100.00 FOR REG ST #2

W166923

State of Florida

Department of State

I certify from the records of this office that 10577 FAIRVIEW AVENUE, LLC is a limited liability company organized under the laws of the State of Florida, filed on October 31, 2012.

The document number of this limited liability company is L12000138785.

I further certify that said limited liability company has paid all fees due this office through December 31, 2016, that its most recent annual report was filed on February 22, 2016, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-second day of April,
2016*



Ken Detmer

Secretary of State

Tracking Number: CU1170688209

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

RESOLUTION OF LIMITED LIABILITY COMPANY

The undersigned as the Manager and sole Member of 10577 Fairview Avenue, LLC, a Florida limited liability company ("Company") duly organized and existing under and by virtue of the laws of the State of Florida, does hereby certify that the following resolutions were duly adopted in accordance with the regulations of the Company by action taken, in accordance with Articles of Organization and Operating Agreement of the Company:

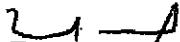
RESOLVED: That the Company hereby appoints D. Glen Alexander ("Glen Alexander") as Authorized Representative of the Company.

FURTHER RESOLVED: That Glen Alexander on behalf of the Company is hereby authorized to execute any and all bids at real estate auctions, real estate auction related documents, leasing related contracts, leases, repair agreements, checks, association applications or related matters, deposit or banking forms on behalf of the Company, including any documents for lease or documents necessary to set up any utility accounts or any other accounts necessary to maintain and manage properties owned by the Company, without the necessity, joinder or consent, of any other persons. Such powers shall be consistent with Fla. Stat. §605.0302 as a "Statement of Authority." Glen Alexander is not authorized to sell or mortgage any Company assets or withdraw any monies from any Company bank account to himself, any company he works for or its principals or related entities.

WE FURTHER CERTIFY that the meeting of the Members at which the foregoing resolution was adopted was regularly called and held in accordance with the articles and regulations of the Company and that said resolution has not been rescinded or countermanded.

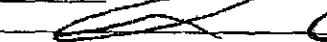
WE FURTHER AGREE that to the extent this Resolution is inconsistent with the Articles of Organization or Operating Agreement of the Company, this Resolution will govern over any such inconsistent terms and operate to modify same.

DATED this ____ day of May, 2015.


Mathieu Rosinsky, Manager/Sole Member

STATE OF FL
COUNTY OF Palm Beach)

I hereby certify that the foregoing instrument was acknowledged before me this 12/1 day of May, 2015, by Mathieu Rosinsky, as Manager/Sole Member of 10577 Fairview Avenue, LLC. He is personally known to me or has produced _____ as identification and did (did not) take an oath.


Notary Public, State of _____
My Commission Expires: _____

