

## Application for Authority to Transact Business - Foreign Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 988-2200 FILED

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REGISTRY NUMBER:

10/5682-93

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| In accordance with Oregon Revised Status 192.410-192.490, the information on this application is jublic record.  **Periodic telease this information to all parties upon request and it will be posted on our website.  **Port office use only Please Type or Print Legibly in Black Intr. Attach Additional Shoet if Necessary.  1) NAME: Eclipse Cascade RE Aspen RET, LLO NOTE: (What contain the words 'Linked Libbity Company' or the abbreviations 'LC' or 'LLC.') Must be Mentical to the name of record in home jurisdiction.  2) REGISTRY NUMBER IN HOME JURISDICTION  OR: CERTIFICATE OF EXISTERICE (ATTACHED)  (Please privide a wheth-verifiable registry number from the entity's home jurisdiction. Certain states, such as Deleasers and Men Variesy, do not provide status information ordine. Entities from even places must instead attach an official certificate of existence, current within ord days of deletery to this office.)  3) DATE OF ORGANIZATION: DURATION, IF NOT PERPETUAL:  3) ADDRESS OF PRINCIPAL OFFICE OF THE Business:  3/12/2014  4) STATE OR COUNTRY OF ORGANIZATION:  Delaware  4) His FOREION LIMITED LIABBILITY COMPANY SATISFIES THE REQUIREMENTS OF ORS 63.714(3).  10) HOW WILL THIS LIMITED LIABBILITY COMPANY BE MANAGED?  11) HOW WILL THIS LIMITED LIABBILITY COMPANY BE MANAGED?  12) This LLC will be manager-managed by one or more members.  13) This LLC will be manager-managed by one or more members.  14) This LLC will be manager-managed by one or more members.  15) This LLC will be manager-managed by one or more members.  16) Printed Name:  17) Printed Name:  Christlina K. Firth  Authorized Representative  On behalf of Eclipse Cascade Properties,  |             | For office use only   |             | SECRE  | TARY OF STATE  |  |
|--|-------------|---|-------------|--|--|--|
| Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.  1) Name: Eclipse Cascade RE Aspen RET, LLC NOTE: (Natural content no words: United Usetily Company' or the abbreviations "LLC" A".L.C.") Must be identical to the name of record in forme jurisdiction.  2) Registery Number in Home Jurisdiction OR: Certificate of Existence (() (Attrached)) (Please privide a web-verifiable registry nomber from the entity's home jurisdiction. Certain states, such as Delever's and New Jersey, do not plowde status information orithe. Entities from such places must instead stated an official certificate of existence, current within of days of eleviny to this office.)  3) DATE OF ORGANIZATION: DURATION, If NOT PERPETUAL: 3) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS: 3/12/2014  4) STATE OR COUNTRY OF ORGANIZATION: Delaware  Attn: Christina K, Firth, c/o FC Eclipse Investment, LLC 3820 Mansell Road, Suite 280, Alpharetta, GA 30022  5) This FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE REQUIREMENTS OF ORG 63.714(3).  6) Name OF OREGON Registered Agent: C T Corporation System  1) Execution: (At less time member or manager must sign.) By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and bellef, true, correct, and complete, Making false statements in this document is againet the law and may be penalized by fines, imprisonment or both.  Signature: Christina K, Firth Authorized Representative on behalf of Eclipse Cascade Properties.   | n ac        | cordance with Oregon Revised Statute 192.410-192.490, the information on this a<br>riust release this information to all parties upon request and it will be posted on ou         | app<br>ur w | fication is public record.   | For office use only  |  |
| NOTE: (Plant cortain his words 'Limited Liability Company' or the districtions' 'LLC or 'LLC.') Must be identical to the name of record in home jurisdiction.  2) Registery Number in Home Jurisdiction  OR: Certificate of Existence (ATTACHED) (Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Earlies from such places must instead stack an official certificate of existence, current within 60 days of delivery to this office.)  3) DATE OF ORGANIZATION: DURATION, IF NOT PERPETUAL:  3) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:  3/12/2014  3) STATE OR COUNTRY OF ORGANIZATION:  Delaware  4) SYATE OR COUNTRY OF ORGANIZATION:  Delaware  5) This FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE REQUIREMENTS OF ORS 63.714(3).  6) NAME OF ORGON Registrate Agent:  C T Corporation System  1) EXECUTION: (At least one member or manager must sign.)  By my signature, I declare as an authorized authority, that this filling has been examined by me and is, to the best of my knowledge and belief, true, correct, and completes, Making false statements in this document is against the law and may be penalized by filmes, imprisonment or both.  Signality:  Christina K. Firth  Authorized Répresentative  on behalf of Eclipse Cascade Properties,  |             |   | _           |  |  |  |
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