

H170002099703

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H170002099703)))



H170002099703ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (350) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000606023
Phone : (614) 290-3339
Fax Number : (954) 208-0845

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
VAL 641 NW 12th Avenue LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

RECEIVED
2017 AUG -9 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 AUG -9 AM 10:25
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS
AUG 10 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VAL 641 NW 12th AVENUE, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kelly A. Arrigo

Name of Person

PGIM Real Estate

Firm/Company

7 Girardeau Avenue

Address

Madison, New Jersey 07949

City/State and Zip Code

kelly.arrigo@pgim.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael J. Ferlowski

312

782.0600

at

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6127
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2561 Executive Center Circle
Tallahassee, FL 32391

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$150.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

VAL 041 NW 12th AVENUE, LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

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

2. _____
Delaware

3. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

4. _____
(FBI number, if applicable)

5. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

7 Giraldi Farms

Madison, New Jersey 07940

(Street Address of Principal Office)

7 Giraldi Farms

Madison, New Jersey 07940

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T 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.

By: Angel Shearer **Angel Shearer**
C T Corporation System **Assistant Secretary**
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

The Prudential Variable Contract Real Property Partnership, sole member

7 Giraldi Farms

Madison, New Jersey 07940

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)

-- REFER TO ATTACHED PAGE FOR SIGNATURE --

Signature of an authorized person

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.

-- REFER TO ATTACHED PAGE FOR SIGNATURE --

Typed or printed name of signer

FILED
17 AUG -9 AM 10:25
DIVISION OF CORPORATIONS

SIGNATURE PAGE
TO
FOREIGN LLC AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

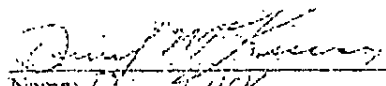
Date: August 8, 2017

VAL 641 NW 12th AVENUE, LLC

By: The Prudential Variable Contract Real Property Partnership, a New Jersey general partnership, the sole member, with recourse limited to the assets of the partnership, and not to the assets of the general partners individually

By: The Prudential Insurance Company of America, a New Jersey corporation, as a general partner thereof, with recourse limited to the assets of the partnership, and not to the assets of the general partners individually

By:


Name: Daniel McGraw
Title: Vice President

FILED
17 AUG -9 AM 10:25
DIVISION OF CORPORATIONS

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VAL 641 NW 12TH AVENUE 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 EIGHTH DAY OF AUGUST, A.D. 2017.

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



6478785 8300

SR# 20175628805

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203022588

Date: 08-08-17