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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

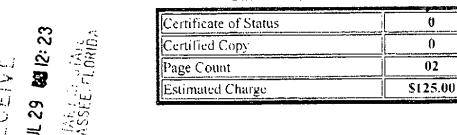
Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

rmail	Address:			
tmall.	Address:			

Foreign Limited Liability Company Gatlin TIC II Owner LLC



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K. SALY Jul 10 2021 To: 18506176383 Page: 2 of 3 2021-07-29 16:10:12 GMT 18886118813 From: Vcorp Services, LLC

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. Gatlin TIC II Owner L (Name of Foreign	LC: Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate n	name adopted for the purpose of transacting business in I's	orda. The alternate name must include "Limited Liabilit	s Company," "L.L.C," or "LLC,")
) Delaware		_	
	high foreign limited liability company is organized)	3. (Ω El number, i	it applicable)
4			
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) inc penalty liability)	,
5. 650 Madison Ave		6. 650 Madison Ave	.03
(Street Address of I		(ylailing yakiress)	7 25 5
New York, NY 10022	<u> </u>	New York, NY 10022	上:
 			100
7. Name and street address	ss of Florida registered agent: (P.O. Box	(NOT acceptable)	P. P.
Name:	Veorp Services, LLC		PA IN IT
Office Address:	5011 South State Road 7, Suite 106		
	Davie	Elarida 33314	-
	(City)	, Florida 33314 (Zip code)	
	<u>-</u>	L'Arter	_
	(Registered agent's	-	
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who ha <u>Name and Address:</u>	•	Name and Address:
Manager	GMF Gaidin LLC		
	650 Madison Ave New York, NY 10022		
·		<u> </u>	
(Use attachments if neces	sary)	_	
	of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)		
	euted in accordance with section 605,020; to the Department of State constitutes a th		
		of an authorized person	<u> </u>
	J. Jay Lobell Typed on	r printed name of signee	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GATLIN TIC II OWNER LLC" IS DULY

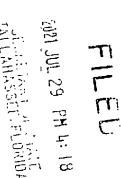
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GATLIN TIC II"
OWNER LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2021.

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





Authentication: 203783742

Date: 07-28-21

6102926 8300 SR# 20212825089