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Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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## Foreign Limited Liability Company Gatlin TIC IV Owner LLC

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J. Jay Lobell

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

IN COMPITANCE WITH SECTION 805,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or "L.L.C.	)
no unavaitable, enter alternate a	ame adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited	Liability Company," "f., L. C.7 or "L.C.")
Delaware		_	, <b></b>
	uch foreign limited liability company is organized)	3. <u>(FEI n</u>	umber, if applicable)
	, , , ,		
·	(Date lirst transacted business in Florida, if prior	to registration.)	وء
	(See sections 005,0904 & 605,0905, F.S. to dete		
650 Madison Ave (Street Address of F		6. 650 Madison Ave	
New York, NY 10022	Principal Office)	(Mailing ) New York, NY 10022	Tiklions)
New 101K, N 1 10022	·	New 10rk, N1 10022	
			The B
Name and street addres	s of Florida registered agent: (P.O. B	ox NOT acceptable)	÷ ·
N	Veorp Services, LLC		
Name:	remp derrices, elec		
Office Address:	5011 South State Road 7, Suite 106		
	D '	222.	
	Davie	, Florida <u>33314</u> (Zip	
gistered agent's accep	(City)	(Zip	code)
signated in this applica comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the propo s of my position as registered agent.	t as registered agent and agree to o	
ignated in this applica comply with the provisi	tion, I hereby accept the appointment ons of all statutes relative to the proposor of my position as registered agent.	t as registered agent and agree to o	act in this capacity. I further a
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ignated in this applica comply with the provisi I accept the obligation. The name, title or caps	tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent.  (Registered agent and address of the person(s) who	t as registered agent and agree to a er and complete performance of n is signature) has/have authority to manage ivare	nct in this capacity. I further any duties, and I am familiar was
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Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GATLIN TIC IV 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 IV
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: 203783769

Date: 07-28-21