

M2200000 6904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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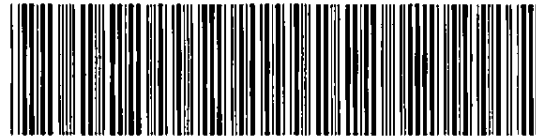
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Eric DW

Name:	Vault Avenida Englewood LLC
Document #:	
Order #:	14308412

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ **155.00**

Thank you!

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. Vault Avenida Englewood LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. Michigan (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

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

5. 1750 S. Telegraph Rd., Suite 310 (Street Address of Principal Office)
6. 1750 S. Telegraph Rd., Suite 310 (Mailing Address)
Bloomfield Hills, MI 48304 Bloomfield Hills, MI 48304

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.

C T Corporation System
By: Stephanie Hencz - Assistant Secretary
(Registered agent's signature)

2022 MAY -14 AM 9:38

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

Manager Name: Vault Avenida Net Lease Fund I LLC

Member Address: 1750 S. Telegraph Rd., Suite 31
Bloomfield Hills, MI 48302

Authorized Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Katherine L. Hammers

Member Address: Honigman LLP
39400 Woodward Ave., Suite 101

Authorized Person Bloomfield Hills, MI 48304

Other _____ Other _____

Manager Name: Vault Fund Manager I LLC

Member Address: 1750 S. Telegraph Rd., Suite 310
Bloomfield Hills, MI 48302

Authorized Person _____

Other _____ Other _____

Manager Name: Adam Jahnke

Member Address: 1750 S. Telegraph Rd., Suite 310
Bloomfield Hills, MI 48302

Authorized Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized Person _____

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

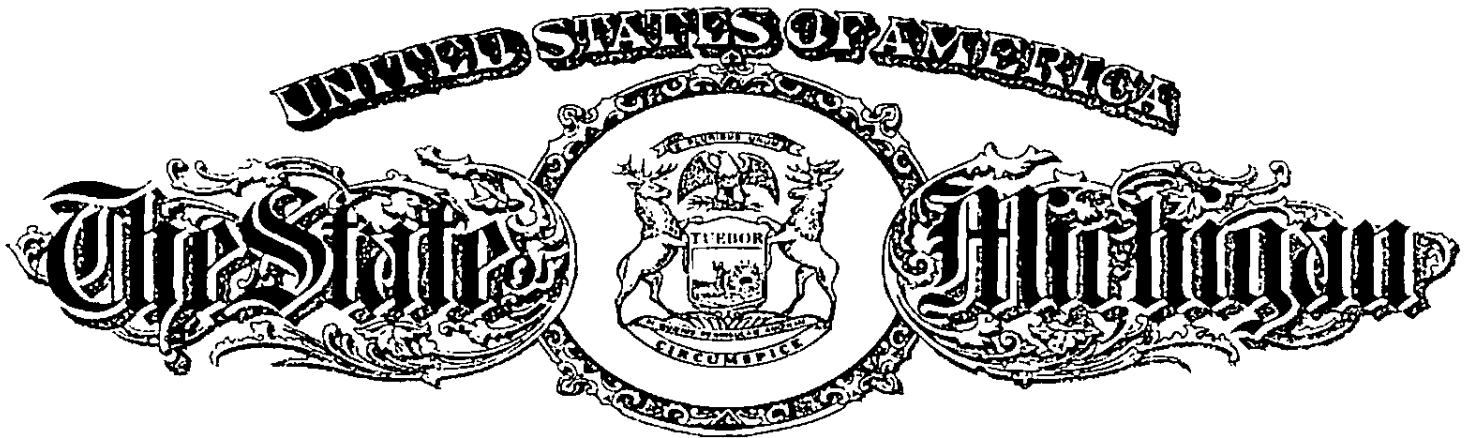
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Katherine L. Hammers

Signature of an authorized person

Katherine L. Hammers, Authorized Person

Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

VAULT AVENIDA ENGLEWOOD LLC

*was validly authorized on May 2, 2022, as a Michigan
DOMESTIC LIMITED LIABILITY COMPANY
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 4th day of May, 2022.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 22050102305