

M2300000 3525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

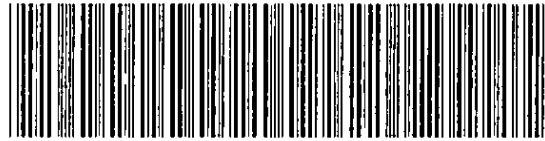
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



300404764803

RECEIVED
2023 MAR 17 AM 10:37
SECRETARY OF STATE
CORPORATIONS
FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. ~~120000000195~~ **AIT**
REFERENCE . 593540 **Please give original 4307052**
AUTHORIZATION *[Signature]*
COST LIMIT : \$ 155.00

ORDER DATE : March 16, 2023
ORDER TIME : 9:45 AM
ORDER NO. : 593540-005
CUSTOMER NO: 4307052

FOREIGN FILINGS

NAME: SOUTH FLORIDA GATEWAY III
PROPERTY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX _____ CERTIFIED COPY
- _____ PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker -- EXT#

EXAMINER: _____

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. SOUTH FLORIDA GATEWAY III PROPERTY 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. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

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

5. 300 SOUTH TRYON STREET, SUITE 2500 (Street Address of Principal Office)
6. (Mailing Address)
CHARLOTTE, NC 28202
ATTN: CORPORATE REAL ESTATE

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

Name: CORPORATION SERVICE COMPANY
Office Address: 1201 HAYES STREET
TALLAHASSEE, Florida 32301
(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: CORPORATION SERVICE COMPANY Eyleima Bahor Assistant Vice President
(Registered agent's signature)

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]: ****SEE ATTACHED****

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

SFL GATEWAY III JV LLC
BY: TR SOUTH FLORIDA GATEWAY LLC
BY: BARINGS LLC, MANAGER BY: *Elena Walsh*
Signature of an authorized person
Elena Walsh
Typed or printed name of signer

ATTACHMENT TO
FLORIDA APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY
FOR AUTHORITY TO TRANSACT BUSINESS IN FLORIDA
SOUTH FLORIDA GATEWAY III PROPERTY LLC

8. List names, title or capacity and addresses of the primary members/managers or persons authorized to manage:

<i>Title or Capacity</i>	<i>Name</i>	<i>Address</i>
Member	SFL Gateway III JV LLC	300 South Tryon Street, Suite 2500, Charlotte, NC 28202
Authorized Person	Elena Walsh	300 South Tryon Street, Suite 2500, Charlotte, NC 28202
Authorized Person	Cassie McCrain	300 South Tryon Street, Suite 2500, Charlotte, NC 28202
Authorized Person	Mark Freeman	300 South Tryon Street, Suite 2500, Charlotte, NC 28202
Authorized Person	Christopher Cassella	300 South Tryon Street, Suite 2500, Charlotte, NC 28202
Authorized Person	Kevin Miller	300 South Tryon Street, Suite 2500, Charlotte, NC 28202
Authorized Person	Payton Larson	300 South Tryon Street, Suite 2500, Charlotte, NC 28202

Delaware

Page 1


The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTH FLORIDA GATEWAY III PROPERTY 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 FOURTEENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTH FLORIDA GATEWAY III PROPERTY LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2023.

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




Jeffrey W. Bullock, Secretary of State

7348593 8300

SR# 20230993762

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

Authentication: 202916441

Date: 03-14-23