

M23000008767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

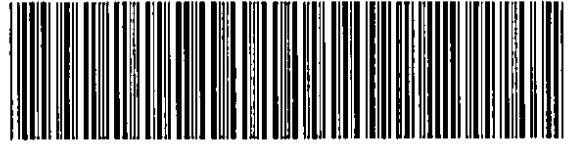
(Business Entity Name)

(Document Number)

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RECEIVED  
2023 JUL -7 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED  
2023 JUL -7 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 08 2023  
K. Brumbay

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

ACCOUNT NO. : I20000000195

REFERENCE : 858903 4307052

AUTHORIZATION

COST LIMIT : \$125.00

ORDER DATE : July 7, 2023

ORDER TIME : 1:17 PM

ORDER NO. : 858903-005

CUSTOMER NO: 4307052

FOREIGN FILINGS

NAME: TR SFL GATEWAY III RETAIL  
OWNER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TR SFL GATEWAY III RETAIL OWNER 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:

MARGARET C. DIVITO  
Name of Person  
NIXON PEABODY LLP  
Firm/Company  
70 W. MADISON ST. STE. 5200  
Address  
CHICAGO, IL 60602-4378  
City/State and Zip Code  
MCDIVITO@NIXONPEABODY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGARET C. DIVITO at (312) 977-9259  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee     \$130.00 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TR SFL GATEWAY III RETAIL OWNER 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)

APPROVED AND FILED
2023 JUL - 7 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: [Signature] CORPORATION SERVICE COMPANY
(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 checked="" 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, Sole Member  
 By: TR SOUTH FLORIDA GATEWAY LLC, Manager  
 By: BARINGS LLC, Manager

\_\_\_\_\_  
 Signature of an authorized person  
  
 Cassie McCrain  
 \_\_\_\_\_  
 Typed or printed name of signer

**ATTACHMENT TO**  
**FLORIDA APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY**  
**FOR AUTHORITY TO TRANSACT BUSINESS IN FLORIDA**  
**TR SFL GATEWAY III RETAIL OWNER LLC**

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

<i><b>Title or Capacity</b></i>	<i><b>Name</b></i>	<i><b>Address</b></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

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TR SFL GATEWAY III RETAIL 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-SIXTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TR SFL GATEWAY III RETAIL OWNER LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2023.

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



7526399 8300

SR# 20232857662

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 203627130

Date: 06-26-23