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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: epoalise@pccpllc.com

Foreign Limited Liability Company
JOHNS ROAD OWNER LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2024 JAN 18 PM 3:44
SECRETARY OF STATE
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RECEIVED
2024 JAN 18 PM 1:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Johns Road 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. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 10100 Santa Monica Blvd., Suite 1000
(Street Address of Principal Office)
Los Angeles, CA 90067
6. 10100 Santa Monica Blvd., Suite 1000
(Mailing Address)
Los Angeles, CA 90067

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)

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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: C T Corporation System
(Kaity Toon signature) Kaity Toon, Asst. Secretary
(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]:

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

Manager Name: Aaron A. Giovara

Member Address: 10100 Santa Monica Blvd.,
Suite 1000

Authorized Person
Los Angeles, CA 90067

Other _____ Other _____

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

Manager Name: Bryan S. Thornton

Member Address: 10100 Santa Monica Blvd.,
Suite 1000

Authorized Person
Los Angeles, CA 90067

Other _____ Other _____

Manager Name: Donald H. Kuemmelier

Member Address: 10100 Santa Monica Blvd.,
Suite 1000

Authorized Person
Los Angeles, CA 90067

Other _____ Other _____

Manager Name: Brian J. Heafey

Member Address: 10100 Santa Monica Blvd.,
Suite 1000

Authorized Person
Los Angeles, CA 90067

Other _____ Other _____

Manager Name: William R. Lindsay

Member Address: 10100 Santa Monica Blvd.,
Suite 1000

Authorized Person
Los Angeles, CA 90067

Other _____ Other _____

Manager Name: Gregory A. Eberhardt

Member Address: 10100 Santa Monica Blvd.,
Suite 1000


Authorized Person
Los Angeles, CA 90067

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.



Signature of an authorized person

Elizabeth Poalise

Typed or printed name of signer

Title or Capacity**Name and Address**

Manager

Name: Johns Road Investor Holdings, LLC

 Member

Address: 10100 Santa Monica Blvd., Suite 1000

Authorized Person

Los Angeles, CA 90067

Manager

Name: Stephen P. Towle

Member

Address: 10100 Santa Monica Blvd., Suite 1000

 Authorized Person

Los Angeles, CA 90067

Manager

Name: Jed W. Lassere

Member

Address: 10100 Santa Monica Blvd., Suite 1000

 Authorized Person

Los Angeles, CA 90067

Manager

Name: James B. Galovan

Member

Address: 10100 Santa Monica Blvd., Suite 1000

 Authorized Person

Los Angeles, CA 90067

Manager

Name: John W. Randall

Member

Address: 10100 Santa Monica Blvd., Suite 1000

 Authorized Person

Los Angeles, CA 90067

Manager

Name: Erik R. Flynn

Member

Address: 10100 Santa Monica Blvd., Suite 1000

 Authorized Person

Los Angeles, CA 90067

Manager

Name: Lauren Eng Young Ngongang

Member

Address: 10100 Santa Monica Blvd., Suite 1000

 Authorized Person

Los Angeles, CA 90067

Manager

Name: Jennifer R. Diaz

Member

Address: 10100 Santa Monica Blvd., Suite 1000

Authorized Person

Los Angeles, CA 90067

Manager

Name: William Markwell

Member

Address: 4777 Sharon Rd

Authorized Person

Suite 520

Charlotte, NC 28210

Manager

Name: G Bryan Blasingame

Member

Address: 4777 Sharon Rd

Authorized Person

Suite 520

Charlotte, NC 28210

Manager

Name: Neal Moskowitz

Member

Address: 4777 Sharon Rd

Authorized Person

Suite 520

Charlotte, NC 28210

Manager

Name: John D Altmeyer

Member

Address: 4777 Sharon Rd

Authorized Person

Suite 520

Charlotte, NC 28210

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JOHNS ROAD 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 SIXTEENTH DAY OF JANUARY, A.D. 2024.

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



Handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

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SR# 20240129287

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

Authentication: 202595456

Date: 01-16-24