Division of Corporations

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Foreign Limited Liability Company SBKPKFL001 LLC

Certificate of Status	1
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Help

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

IN COMPLIANCE WITH SECTION 6/5,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Date first transacted business in Florida (Date first transacted business in Florida (See sections 605 0904 & 605 0905, F.S.) 30 N LaSalle St, Suite 4140 Street Address of Principal Officer Chicago, IL 60602 Name and street address of Florida registered agent: (P	6. 30 N LaSalle St, Suite 4140 (Mailing Address) Chicago, IL 60602
(Date first transacted business in Florida 18ec sections 605 0904 & 605 0905, F.S. 30 N LaSalle St, Suite 4140 Street Address of Principal Officer Chicago, IL 60602	6. 30 N LaSalle St, Suite 4140 (Mailing Address) Chicago, IL 60602
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Name and street address of Florida registered agent: (P	Chicago, IL 60602
Name and street address of Florida registered agent: (P	Chicago, IL 60602
Name and street address of Florida registered agent: (P	
Lipited Apont Croup I	P.O. Box NOT acceptable)
Name: Offited Agent Group ii	nc.
Office Address: 801 US Highway 1	
North Palm Beach	. Florida 33408
(Cny)	(Zip code)
signated in this application, I hereby accept the appoin	evice of process for the above stated limited liability company at the platment as registered agent and agree to act in this capacity. I further eproper and complete performance of my duties, and I am familiar we tent.

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:	Title or Capacit	<u> Y:</u>	Name and Address:
□Manager	Name: Blue Owl RE Fund VI Holdings LLC	□Manager	Name:	
⊠Member	Address: 30 N LaSalle St, Suite 4140	□Member	Address:	
□Authorized	Chicago, IL 60602	☐ Authorized		
Person		Person		
□Other		□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		·····
Other	□Other	□Other	<u></u> <u></u>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		Other

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.

	/s/ Andrew Morris	
1.45	Signature of an authorized person	
	Andrew Morris	
	Typed or printed name of signee	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SBKPKFLOO1 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 THIRTIETH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SBKPKFL001 LLC"
WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2024.

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

Authentication: 205257761

Date: 12-30-24