

**B23000000262**  
 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 : (954)208-0845  
 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: legreen@aresmgmt.com

**FLORIDA/FOREIGN LP/LLLP  
 AREIT OPERATING PARTNERSHIP LP**

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 1          |
| Page Count            | 04         |
| Estimated Charge      | \$1,052.50 |

**RECEIVED**

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DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
 TALLAHASSEE, FL

2023 AUG 10 PM 4: 26

**FILED**

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

AREIT Operating Partnership LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida: must contain acceptable suffix.

2 Delaware April 12, 2005 State or Country of Formation Date of Formation

4. Federal Employer Identification Number 20-2675640

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324

6. 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 James Martin Signature of Registered Agent

7. Principal Office: 2000 Avenue of the Stars, 12th Floor Los Angeles, CA 90067

8. Mailing Address: 2000 Avenue of the Stars, 12th Floor Los Angeles, CA 90067

9. If limited partnership is a limited liability limited partnership, check box. [ ]

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Ares Real Estate Income Trust Inc. Street Address: 2000 Avenue of the Stars, 12th Floor Los Angeles, CA 90067

Name of General Partner: Street Address:

Mailing Address:

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

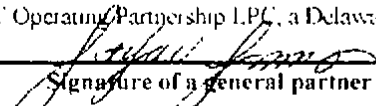
Mailing Address:

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Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

11. **Effective date, if other than the date of filing:** \_\_\_\_\_  
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 10th day of August, 2023  
 Ares Real Estate Income Trust Inc., a Maryland corporation, General Partner of  
 AREIT Operating Partnership L.P.C., a Delaware limited partnership  
 By   
 Signature of a general partner Stefanie Sommers, Asst. Secretary,

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

|  |  |
|--|--|
| <b>Filing Fees:</b>                      | <b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee) |
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| <b>Certificate of Status (optional):</b> | <b>\$8.75</b>  |


# Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AREIT OPERATING PARTNERSHIP LP" 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 TENTH DAY OF AUGUST, A.D. 2023.

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



  
Jeffrey W. Bullock, Secretary of State

3953994 8300

SR# 20233216994

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

Authentication: 203937475

Date: 08-10-23