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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (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:

cguerin@starwood.com

08

Foreign Limited Liability Company TIO HIGHMARK EV TRS,LLC

Certificate of Status	Û
Certified Copy	1
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Help

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:

TIO Highmark EV TR						
(Name of Foreign	Limited Liability Company; must include "Limited	Liability	Company," "E.L.C.," or "LLC.")		-	
tame umavailable, enter alternate a	nams adopted for the purpose of transacting husiness in Fla	orids. The p	temata name must include "Linvied Liabili	ty Company,***L.L.	.C," or "L1C	
Delaware		93-2289299 3.				
(Jurisdiction under the law of which fereign limited liability company is organized)			(FEI number, if applicable)			
Upon filing						
	(Date tiest transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determi	registration. ne penalty li) iability)	_		
591 West Putnam Avenue			591 West Putnam Avenue			
real Address of Principal Office)			(Mading Address)			
Greenwich, CT 06830		Greenwich, CT 06830				
		•-				
	 	_				
Name and street addres	s of Florida registered agent: (P.O. Box	NOT a	eceptable)	,	~	
				٠,	.023	
Name:	C T Corporation System			:	2023 JUL	
ranic.				# : 21	8-1	
Office Address:	1200 South Pine Island Road	<u></u>		73.7 (c)		
	Plantation		33324	~~ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	P	
	(City)		, Florida			
	(Cny)		(Zip code)	: <u>:</u> .	_	

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.



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 Capacity:	Name and Address:
□Monager	Name: TIO Highmark Parent, L.P.	□Manager	Nume:
■ Member	Address: 591 West Putnam Avenue	□Member	Address:
□Authorized	Greenwich, CT 06830	□Authorized	
Person		Person	
☐ Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□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	
Nick Antonpoulos, Authorized Person	
Typed or printed name of signee	



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

DELAWARE, DO HEREBY CERTIFY "TIO HIGHMARK EV TRS, L.L.C." 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 JULY, A.D. 2023.

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

7550548 8300

Authentication: 203749264

Date: 07-14-23

SR# 20232999086
You may verify this certificate online at corp.delaware.gov/authver.shtml