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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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Foreign Limited Liability Company LSREF2 Baron 2, LLC

Certificate of Status Certified Copy Page Count Estimated Charge

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D. BRUCE

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**EXAMINER** 

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CT CORPORATION

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#### COVER LETTER

| SUBJECT:  | LSREF2 Baron 2, LLC  |                                |            |                     |
|---|--|--------------------------------|------------|---------------------|
|   | Name of Limited Liability Company  |                                |            |                     |
| The enclosed<br>Existence, and                        | "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, a check are submitted to register the above referenced foreign limited liability company to transact business." | " Cortificate<br>ness in Flori | of<br>lda  | •                   |
| Pleasa réturn (                                       | all correspondence concerning this matter to the following:  |                                |            |                     |
|   | Dianna H. Hzisc  |                                |            |                     |
|   | Name of Person   |                                |            |                     |
|   | c/o Hudson Advisors LLC  |                                |            | ٠                   |
|   | Firm/Company   |                                |            |                     |
|   | 2711 N. Haskell Avenue, Suito 1800   |                                |            |                     |
|   | Address  |                                |            |                     |
|   | Dallas, Texas 75204  | ECR                            | <u>ک</u>   | mental a            |
|   | City/State and Zip Code  | HAS<br>ELS                     | JUN -      | ا<br>جينان<br>استين |
|   | dihelse@hudson-advisors.com  | SE                             |            | l<br>est            |
| <b>.</b>  | B-mail address: (to be used for future annual report notification)   | T)                             | <u>=</u>   |                     |
| Por further info                                      | ormation concerning this matter, please call:  | S TATE                         | 空十05       | <u> </u>            |
| Diann   | a H. Hoise at ( 214 ) 754-8400   | IDA<br>A                       | <b>E</b> n |                     |
|   | Name of Person Area Code & Daytims Telephone Number  |                                |            | . •                 |
| Divisi<br>Rogisi<br>P.O. E                            | ING ADDRESS:  on of Corporations  Division of Corporations  tration Section  Registration Section  Ox 6327  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301                                    |                                |            |                     |
| Divisi<br>Regist<br>P.O. E<br>Tallah<br>Enclosed is a | on of Corporations Division of Corporations tration Section Registration Section Ox 6327 Clifton Building 2661 Executive Center Circle   | te                             |            | -                   |

FLOST - 10/05/2020 CT Systems Chillins

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

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| I do the control of t |     |
|--|-----|
| 1 LSREF2 Baron 2, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  |     |
| (Name of Poreign Limited Linding Company; must include "Limited Linding Company," L.E.C., or LEC.  |     |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")   | an. |
|  |     |
| 2. Delaware 3. (Turisdiction under the law of which foreign limited liability (FEI number, if applicable)  |     |
| company is organized)  |     |
| 4, 09/13/2011 5, Perpetual   | •   |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")   |     |
| 6. upon filing   |     |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |     |
| 7. 2711 N. Haskell Avenue, Suite 1700  |     |
| Dallas, Texas 75204  |     |
| (Street Address of Principal Office)   | 7   |
| 8. If limited liability company is a manager-managed company, check here   |     |
| 9. The name and usual business addresses of the managing members or managers are as follows:   | Ć   |
| LSRET2 Baron Sub Holdings, LLC   | ı   |
| 2711 N. Haskell Avenue, Suite 1700   |     |
| Dullas, Texas 75204  |     |
| 10. Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of records it the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted.)  | מ   |
| 11. Nature of business or purposes to be conducted or promoted in Florida:   |     |
| Real Estates Javestments   |     |
|  |     |
| Mell L. College  |     |
| Signature of a member or an authorized representative of a member.   |     |
| (In occordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts smud herein are true 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.)  |     |
| Marc L. Lipshy, VP of LSREF2 Baron Sub Holdings, LLC "Sole Member"   |     |
| Typed or printed name of signee  |     |

PLOTY - 10/05/2010 C T System Calling

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability LSREF2 Baron 2, LLC | y Company is:                                  |                          |
|--|--|--------------------------|
| If unavailable, the alternate to be use                  | d in the state of Florida is:                  |                          |
| 2. The name and the Florida street a                     | ddress of the registered agent and office are: | 12 JUN<br>SECNEI         |
| C T Corporation System                                   |  | ≥2 ≥ 1                   |
|  | (Name)   | N-I<br>HASSE             |
| 1200 South Pine Island F                                 | toad   | C ST TO                  |
| Plorida St   | reet Address (P.O. Box NOT ACCEPTABLE)         | F ST                     |
| Plantation   | FL 33324                                       | <b>og</b><br>ATE<br>RIDA |
|  | City/State/Zip                                 | ,                        |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



FL017 - 10/03/2010 CT System Calina

# Delaware

DAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LSREF2 BARON 2, 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 THIRTY-FIRST DAY OF MAY, A.D. 2012.

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

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PAGE 05/05

You may varify this certificate online at corp. delaware.gov/authour.shtml

Joffrey W. Bullock, Secretary of State
AUTHENTICATION: 9610591

DATE: 05-31-12

06/01/2012 11:04 8656336092 C1 CORPORATION