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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

. .

ACCOUNT NO. : I2000000195

REFERENCE : 073872 4312431

AUTHORIZATION: Spelle Remain

COST LIMIT : \$\sigma160 \cdot 00

ORDER DATE: February 15, 2018

ORDER TIME : 10:06 AM

ORDER NO. : 073872-005

CUSTOMER NO: 4312431

FOREIGN FILINGS

NAME: LAKESIDE I AND II ASSOCIATES,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

Registration Section

TO:

Div	ision of Corporation	S						
eud ieær.	Lakeside I and II	Associates, LLC						
SUBJECT:	Name of Limited Liability Company							
The enclosed Existence, ar	1 "Application by Ford and check are submitted	eign Limited Liability Comp d to register the above refere	any for Authoriza	tion to Tra ed liability	nsact Business i company to trai	n Florida," nsact busin	Certifica ess in Flo	te of orida.
Please return	all correspondence c	oncerning this matter to the	following:					
	Richard B. Frie	d						
	Name of Person							
	c/o Maritime M	anagement, LLC						
		Fi	rm/Company	•				
	One Maritime F	Plaza, Suite 2100						
			Address					
	San Francisco,	California 94111						
		City/S	tate and Zip Code			·-	2018	- 1
	jmilling@farallo	ncapital.com					837	ار د ساسی
		E-mail address: (to be used	for future annual	report not	ification)		-	1
For further i	nformation concerning	g this matter, please call:					D	<u> </u>
Ri	chard B. Fried		415 at (421-21	151	. ,	<u></u>	•
	Name o	f Contact Person	Area Code	Day	time Telephone	Number	ŝ	
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 llahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center C ee, FL 32301			
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Fil of Status & Co			

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:

1. Lakeside I and II A	Associates, LLC in Limited Dability Company; must include "Lin	nited Liability Company," "L.L.C.," or "LLC.")					
(If name unavailable, coster alternate	name adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited Lia!	bility Company ""L.L.('" or "LLC")				
2 Delaware	The state of the s		and company, state, or time.				
. .	which foreign limited liability company is organized)	3(FEI numb	er, if applicable)				
Upon registration							
4. Upon registration	(Date first transacted business in Florida, if prior	u to registration)					
O M. S. 191	(See sections 605,0904 & 605,0905, F.S. to det	• • •	2100				
5. One Maritime Plaza,	Francipal Office)		6. One Maritime Plaza, Suite 2100				
San Francisco, Califo	• '	San Francisco, California 9	4111				
7. Name and street addre	ess of Florida registered agent: (P.O. B	Box NOT acceptable)					
	Corporation Service Company						
Name:							
Office Address:	1201 Hays Street						
	Tallahassee	, Florida 32301					
Registered agent's acce	(Спу)	(7ip cod	9 . 2				
and accept the obligatio	sions of all statutes relative to the proposition as registered agent. Corporation Service Company (Registered agent) pacity and address of the person(s) who Name and Address:	(Jun's signature)	Roxanne Turner Asst. Vice Presiden One Name and Address:				
See	Attachment A						
							
(Use attachments if nece	essary)						
	te of existence, no more than 90 days of wof which it is organized. (If the certifi submitted)						
	to the Department of State constitutes a						
	Signa	sture of an authorized person					
	R	lichard B. Fried	_				
	Ton-	ed or printed using of times					

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

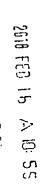
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Name and Address

Richard B. Fried c/o Maritime Management, LLC One Maritime Plaza, Suite 2100 San Francisco, California 94111

Title or Capacity

Authorized signatory of Maritime Management, LLC, manager of Jacksonville REIT Investors, LLC, managing member of Jacksonville REIT Associates, LLC, sole member of Jacksonville REIT Mezzanine, LLC, sole member of the applicant



Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LAKESIDE I AND II ASSOCIATES, 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAKESIDE I AND II ASSOCIATES, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2018.

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

Authentication: 202146312

Date: 02-13-18

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