

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Foreign Limited Liability Company AGAP Polk City LLC

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Help

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

IN COMPLIANCE WITH SECTION 005/002, FLORIDA STATUTES, THE FOLLOWING INSURABILIED TO REGISTER A FOREKEY TRAITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 AGAP Polk City LEC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," [LLC.] or "LIX.") (if name masserbable, catter aim mate name adopted for the purpose of transecting tassiness in Florida. The alternate name uses include "Linned Liability Company." L.L.C." or "LLC.") 2. Delaware (runsdation trade the fee of which to right before histalty convery is organized) ri I.l aurber, it applicable) (Date first transacted becomes in I havala, if prior to registration). (See section 605,0004 & 605,0005, U.S. to determine permits liability). 5. 245 Park Avenue, 26th Floor 6. 245 Park Avenue, 26th Floor (Street Address of Practical Other (Matting Address) New York, NY 10167. New York, NY 10167 7. Name and street address of Florida registered agent: (P.O. Box. NOI acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 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. C T Corporation System Kill James By: Kimberly Laughrey, Assistant Secretary (Registered aperal's 8. The name, title or copacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Member AGAP Storage Parent Li.C 245 Park Avenue, 26th Fl New York, NY 10167 (Use attachments if necessary) 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 outh 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 faise 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

Typod or printed tonir of signer

Nader Pakfar, Authorized Person

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGAP POLK CITY 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 TWELFTH DAY OF SEPTEMBER, A.D. 2018.

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

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

Authentication: 203405282

Date: 09-12-18