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X	FILING FOREIGN LURIN Feal Estate Holdings XVI, LLC (CORPORATE NAME AND DOCUMENT #)
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	INSTRUCTIONS:

COVER LETTER

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		ition Section of Corporations	3			
SUBJEC	Luri T:	in Real Estate H	loldings XVI, LLC			
			Name of Lim	ited Liability	Company	
The enclo Existence	osed "Ap	oplication by Fore eck are submitted	ign Limited Liability Company to register the above reference	for Authorizad foreign limi	ation to Transact Business in Florida, ited liability company to transact busi	" Certificate of iness in Florida.
Please ret	turn all c	orrespondence co	ncerning this matter to the foll	owing:		
		Debbie Melinge	er			
			Name	of Person		_
		Firsel Ross LLC				
	Firm/Company					-
		2801 Lakeside	Drive, Suite 207			
			A	ddress		_
		Bannockburn, I	L 60015			
			City/State	and Zip Code		-
	d	melinger@firsel	ross.com			
	_	······································	E-mail address: (to be used for	future annua	report notification)	-
For furthe	r inform	ation concerning	this matter, please call:			
(Debbie	Melinger	at	847	582-9911	
_		Name of	Contact Person	Area Code	Daytime Telephone Number	-
11 15 17	Division Registrat P.O. Box	of Corporations ion Section 6327 see, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
			following amount: to: FLORIDA DEPARTME	NT OF STA	TE	
[\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & \$160.00 Filing ed Copy of Status & Cer	

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:

Lurin Real Estate Ho (Name of Foreign	Idings XVI, LLC Limited Liability Company; must include "Limite	rd Liabilit	v Company ""II C " or "II C")	
,	y company, mast notate tanna	C Lagrin	y company, E.E.C., or EEC.)	
f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The a	Itemate name must include "Limited Liabili	ry Company," "L.L.C," or "LL.C.
Delaware				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number,	if applicable)
N/A				
· 	(Date first transacted business in Florids of prior to	remetration		
	(Date first transacted business in Florids, if prior to (See sections 605,0904 & 605,0903, F.S. to determ	ine penalty	liability)	
2101 Cedar Springs		6.	2101 Cedar Springs Rd. (Mailing Address	
(Street Address of Principal Office)		U.	(1)	
Suite 1250			Suite 1250	
				Page William
Dallas TX 75201			Dallas, TX 75201	
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)	
Name:	Corporation Service Company			6∳ 9
Office Address:	1201 Hays Street			
=	Tallahassee		32301	
	(City)		, Florida Zip code)	

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.

(Registered agent's signature)

Sarah Thomas, Assistant Secretary

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: Name: Gulfstream JV, LLC Jon P. Venetos Manager Manager Manager Name: 2101 Cedar Springs Rd. 2101 Cedar Springs Rd. Member Address: ☐ Member Address: Suite 1250 Suite 1250 Authorized Authorized Dallas, TX 75201 Dallas, TX 75201 Person Person Other Other Other Other____ Michael E. Ross Name: Manager | Name: 2801 Lakeside Dr. Member Address: Member | Address: Suite 207 Authorized Authorized Bannockburn, IL 60015 Person Person \square Other $_$ Other Other Other Manager Name: _____ 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. Nonindexed 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 Michael E. Ross

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LURIN REAL ESTATE HOLDINGS XVI, 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 EIGHTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LURIN REAL ESTATE HOLDINGS XVI, LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2019.

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

e at com delaware gov/aut

Authentication: 203169071

Date: 07-08-19