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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company MILLENNIUM METRO WEST MEMBER, LLC

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JULI-PLAD 2020

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A PORFICE LIMITED HABILITY COMPANY TO TRANSACT BUSINESS BY THE SECTIO OF FLORIDA.

name unavailable, enter alternate na Delasvare (Jurisdiction under the Low of who	ne adopted for the purpose of transacting business in Plovi	8		Company," "L.L.C.C. or "LEC"
			84-4613317	
(Jurisdiction under the Liw of whi		3. (FEI number, st applicable)		
	th foreign limited liability company is organized)"			
	(Onle liest Dansacted business in Florida if prior tirre, (See sections 605 (903 & O05,0905, F.S. to determine	gedration) e penalty ha	bility)	
3411 Richmond Avenue, Suite 500		3411 Richmond Avenue, Suite 500		
reel Address of Principal Office)		o	(Mailing Address)	
Houston Texas 77046		Houston Tenas 77046		
Name and <u>street address</u>	of Florida registered agent: (P.O. Box.)	NOT acc	ceptable)	(- <u>1</u>
Name:	CT Corporation System			2
Office Address:	1200 South Pine Island Road			77
	Plantation		33324 . Florida	91:16
	(Čiry)		(/ap code)	

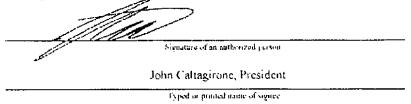
(Registered agent's signature)

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	<u>/:</u>	Name and Address:
□Manager	Name: Class & Investors Metro West, LLC	□Manager	Name,	
⊡Member	Address: 3411 Richmond Avenue,	□ Member	Address:	
□Authorized	Suite 500	□ Authorized		
Person	Houston Texas 77046	Person		
SOther Managing M	1ember Other			□Other
∐Manager	Name:	∏Manager	Name:	
□Member	Address:	Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
□Other	Other	☐ Other		□Other
□Manager	Name:	□Manager	Name	2523
□ Member	Address:	□ Member		
□Authorized				0
Person		Person	 	
□Other	⊡Other	_Other		コOther 安

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.



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

DELAWARE, DO HEREBY CERTIFY "MILLENNIUM METRO WEST MEMBER, 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 TWENTY-FIFTH DAY OF JUNE, A.D. 2020.

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

2020 11: -2 11: 11:00



Authentication: 203176693

Date: 06-25-20

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