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2021 NOV 17 AM 90 18

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 510241 4311279

AUTHORIZATION : STANKE

COST LIMIT : \$425/00

ORDER DATE: November 16, 2020

ORDER TIME : 12:55 PM

ORDER NO. : 510241-005

CUSTOMER NO: 4311279

FOREIGN FILINGS

NAME: COASTAL REAL ASSET PARTNERS I

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED ITABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA.

	Limited Liability Company, must include "Limited Lia	ability Cumpany," "L.L.C.," or "LLC.")
(II name unavailable, cuter alternate)	name adopted for the purpose of transacting business in Horida.		datas Compans 11th Consent Cons
	buch foreign limited liability company is organized)	3. 85-3656004	Der of applicables
4. N/A			
	(Date first transacted fusiness in Henrift, it poor to regist (See sections 605 0604 & 605 0915, ES, to determine pe	ration) males halsdes (
5. 50 E. Washington St,		6. 50 E. Washington St. Suite	: 400
(Sired Address of	Principal Offices	(Maling Asi	tessi
Chicago, IL 60602		Chicago, IL 60602	
7. Name and street addres	ss of Florida registered agent: (P.O. Box No	OT acceptable)	2028
Name:	Christian Gorino		80
Office Address:	2771 NE 57th Court		
	Fort Lauderdale	, Florida 33308	≥ []
Registered agent's accep	(t m)	(Zip and	(C
o compty with the provisi	tion, I hereby accept the appointment as regions of all statutes relative to the proper and sof my position as registered agent.	ess for the above stated limited gistered agent and agree to act I complete performance of my (in this converts. I freehom.
o comply with the provision and accept the obligation: 8. The name, title or capa	ons of all statutes relative to the proper and sof my position as registered agent. By: (Registred ipent's signal through the proper and sof my position as registered agent. (Registred ipent's signal through the proper and soft my position as registered agent.	gistered agent and ugree to act complete performance of my (in this converts. I freehom.
8. The name, title or capa	ons of all statutes relative to the proper and s of my position as registered agent. By: Notice Proper Proper	gistered agent and ugree to act complete performance of my (in this converts. I freehom.
o comply with the provision and accept the obligation: 8. The name, title or capa	cons, I hereby accept the appointment as regions of all statutes relative to the proper and so f my position as registered agent. By: (Registred agent sugman decity and address of the person(s) who has/ha Name and Address: Frank Reppenhagen 50 E. Washington St, Suite 400	gistered agent and agree to act complete performance of my agent and agree to act of complete performance of my agent ag	in this capacity. I further t duties, and I am familiar w
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8. The name, title or capa Title or Capacity: Manager	cons, I hereby accept the appointment as regions of all statutes relative to the proper and so f my position as registered agent. By: Christian Gorino acity and address of the person(s) who has/ha Name and Address: Frank Reppenhagen 50 E. Washington St, Suite 400 Chicago, IL 60602	gistered agent and agree to act complete performance of my agent and agree to act of complete performance of my agent ag	in this capacity. I further t duties, and I am familiar w
8. The name, title or capa Title or Capacity: Manager (Use attachments if necess Attached is a certificate urisdiction under the law of the translator must be su	Christian Gorino city and address of the perpendicular of the proper and sof my position as registered agent. By: Christian Gorino city and address of the person(s) who has/ha Name and Address: Frank Reppenhagen 50 E. Washington St, Suite 40(Chicago, IL 60602) Gray of existence, no more than 90 days old, duly of which it is organized. (If the certificate is i bmitted)	authenticated by the official har n a foreign language, a translati	in this capacity. I further of duties, and I am familiar was and Address: Name and Address: ving custody of records in the on of the certificate under of the certificate under of the duties.
8. The name, title or capa Title or Capacity: Manager O. Attached is a certificate urisdiction under the law of the translator must be su O. This document is execu	Christian Gorino city and address of the person(s) who has/ha Name and Address: Frank Reppenhagen 50 E. Washington St. Suite 40(Chicago, IL 60602	authenticated by the official har na foreign language, a translati	in this capacity. I further of duties, and I am familiar was and I am familiar was a second s
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Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "COASTAL REAL ASSET PARTNERS I 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COASTAL REAL ASSET PARTNERS I LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2020.

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

Authentication: 204091449

Date: 11-16-20

3973817 8300 SR# 20208415878