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Account Number: 076424003301 Phone: (813)223-7474

Fax Number : (813)223-7474

20-2670/TJC

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Email Address: ecusmano@gipreit.com

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## Foreign Limited Liability Company GIPFL 508 S Howard Ave, LLC

Certificate of Status	1
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	Ave, LLC				
(Name of Foreign	Limited Liability Company; must include "Limited	Liability	Company," "L.L.C.," or "LLC.")		
name unavailable, enter alternate n	name adopted for the purpose of transacting business in Fle	erida. The s	lternate name must include "Limited Liability	Company," "LLC," or "LLC.")	
Delaware			applied for		
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI number, if applicable)		
11/19/2020		· · · · · · · · · · · · · · · · · · ·		_	
	(Date first transacted humaness in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine	registration ine penalty l	) uability)		
400 North Tampa Street, Suite 2660			400 North Tampa Street, Suite 2660		
reet Address of Principal Office)	<del></del>	О	(Mailing Address)		
Tampa, FL 33602			Tampa, FL 33602		
				<u>:</u>	
<del></del>		•		<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)		
	_		•	$\overline{\mathbb{N}}$	
	Corporation Service Company			-; 	
Name:					
Office Address:	1201 Hays Street				
			<del>-</del>		
Office Address:					
Office Address:	Tallahassec		32301 , Florida		

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_	Name and Address:	Title or Capacit	<u>Y:</u>	Name and Address
Manager	Name: Generation Income Properties LP	□ Manager	Name:	
Member	Address: 401 East Jackson St., Stc. 3300	□Member	Address:	
Authorized	Tampa, FL 33602	□Authorized		
Person		Person		····
Other	Other	□Other		Other
]Manager	Name:	□Manager	Name:	
]Member	Address:	□Member	Address: _	
Authorized		□Authorized		<u> </u>
Person		Person		
Other	Other	Other	<del></del>	□Other ~
				•
]Manager	Name:	☐ Manager	Name:	<u> </u>
]Member	Address:	□Member	Address: _	
Authorized		☐ Authorized	<del> </del>	72
Person		Person		Ú.
Other	□ Other	Other		□Other

Typed or printed mass of signer

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

DELAWARE, DO HEREBY CERTIFY "GIPFL 508 S HOWARD AVE, 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 NINETEENTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GIPFL 508 S HOWARD AVE, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2020.

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



4181561 8300

SR# 20208443258

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WSQC ....

Authentication: 204117234

Date: 11-19-20