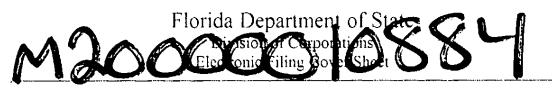
Division of Corporations



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Division of Corporations

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From:

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Phone : (614)280-3338 Fax Number : (954)203-0845

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 901 APOGEE, LLC

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DEC - 1 2020

~ Bruinbley

From: Ranae McGraw

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

IN COMPLIANCE WITH SECTION 665.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. (Name of Foreign | Timited Liability Company; must include "Limited" | Liability Company," L.L.C.," or "LLC.") | | |
|--|--|---|--|--------|
| (H'name unavailable, enter alternate n | same adopted for the purpose of transacting business in Flor | ida. The alternate name must include "Limited Liabili | ty Company," "L.L.C," or "L | L(` ") |
| Delaware | | 26-1846739 3. | | |
| | high foreign limited liability company is organized) | (FEI number, d | applicable) | |
| August 1, 2020 | | | | |
| 1 | (Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0505, F.S. in determine | pastration) ; penalty hability) | _ | |
| 16055 North Dial Bo | | 16055 North Dial Boulevard | | |
| Street Address of Principal Office) | | 6. (Mailing Address) | | |
| Suite 4 | | Suite 4 | · | |
| Scottsdale, AZ 85260 |) | Scottsdale, AZ 85260 | | |
| 7. Name and street addres | s of Florida registered agent: (P.O. Box | NOT acceptable) | 2028 NOV 30 SECKET VALVE TALL ABACCE | **** |
| Name: | NRAI Services, Inc. | | 07 30 17877 108 40 | _ |
| Office Address: | 1200 S. Pine Island Road | | P | |
| | Plantation | 33324 Florida | (a) (b) | ***** |
| | (City) | (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.

NRAI Services, Inc.

By: Meredith Helling, Asst. Sec. (Registered agent's signature)

Page: 4 of 5

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: |
|--------------------|-------------------------------------|--------------------|--------------------------------------|
| □Manager | Name: FAR-2012, LLLP | ■Manager | Name: Franck Ruimy |
| ■Member | Address: 16055 North Dial BL, Ste 4 | □Member | Address: 16055 North Dial Bl., Ste 4 |
| □Authorized | Scottsdale, AZ 85260 | ☐ Authorized | Scottsdale, AZ 85260 |
| Person | | Person | |
| □Other | □Other | ☐ Other | Other |
| □Manager | Name: | □ Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | ☐ Authorized | |
| Person | | Person | |
| □Other | | □Other | Other |
| | | | |
| □Manager | Name: | Manager | 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 \$.817.155, F.S.

Tio

| | TAIT | |
|-----------------------|---------------------------------|--|
| | Signature of an amboured person | |
| Franck Ruimy, Manager | | |
| | Typed or printed name of signee | |

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "901 APOGEE, 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "901 APOGEE, LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2007.

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

e at corp.delaware.gov/authy

Authentication: 204110360

Date: 11-18-20