

12/24/2020 Division of Corporations
M20000011907
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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 Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CORPORATION SERVICE COMPANY
 Account Number : 120000000195
 Phone : (850)521-0821
 Fax Number : (850)558-1515

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

Email Address: _____

2020 DEC 28 PM 5:34
 FILED
 TALLAHASSEE, FLORIDA

RECEIVED
 2020 DEC 28 AM 9:28

**Foreign Limited Liability Company
 USCMF LAKE VUE APARTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

1. USCMF Lake Vue Apartments LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction, under the law of which foreign limited liability company is organized)

3. _____

(FBI number, if applicable)

4. upon filing

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 730 Third Avenue

(Street Address of Principal Office)

New York, NY 10017

6. 730 Third Avenue

(Mailing Address)

New York, NY 10017

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

32301

Florida

(Zip code)

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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.

Corporation Service Company

By: _____

(Registered agent's signature)

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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].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Nuveen Alternatives Advisors LLC	<input type="checkbox"/> Manager	Name: Carlos Burneo
<input type="checkbox"/> Member	Address: 730 Third Avenue	<input type="checkbox"/> Member	Address: Nuveen Real Estate
<input type="checkbox"/> Authorized	New York, NY 10017	<input checked="" type="checkbox"/> Authorized	501 Brickell Key Drive
Person		Person	Suite 504
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	Miami, FL 33131
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Cheryl Roberts	<input type="checkbox"/> Manager	Name: Olga Roman-Brooks
<input type="checkbox"/> Member	Address: Nuveen	<input type="checkbox"/> Member	Address: Nuveen Real Estate
<input checked="" type="checkbox"/> Authorized	8500 Andrew Carnegie Blvd	<input checked="" type="checkbox"/> Authorized	35 Talcottville Road, Suite 31
Person	Charlotte, NC 28262	Person	Vernon, CT 06066
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Martina Davis	<input type="checkbox"/> Manager	Name: Brian Eby
<input type="checkbox"/> Member	Address: TIAA	<input type="checkbox"/> Member	Address: Nuveen Real Estate
<input checked="" type="checkbox"/> Authorized	730 Third Avenue	<input checked="" type="checkbox"/> Authorized	333 W. Wacker Drive
Person	New York, NY 10017	Person	28th Floor
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	Chicago, IL 60606
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Cheryl Roberts
Signature of an authorized person

Cheryl Roberts

Typed or printed name of signer

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Delaware

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The First State

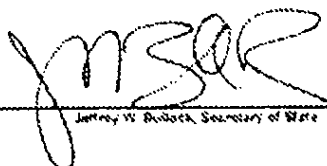
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "USCMF LAKE VUE APARTMENTS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "USCMF LAKE VUE APARTMENTS LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2020.

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

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TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

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SR# 20208558541

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204229452

Date: 12-04-20

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