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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

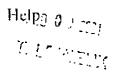
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## Foreign Limited Liability Company FR - Clinton Corner, LLC

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA SEATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREX IN TIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| upon tiling                            | high fereign fimited fiability company is organized)   | tdb<br>3.                                   |                       |   |
|--|--|---|-----------------------|---|
| upon tiling                            | high fereign limited liability company is organized)   |   | (PLI number, if sup   |   |
| upon tiling                            |  | <u> </u>                                    | [FLI number, if appl  | icable)                                 |
|  |  |   |                       |   |
|  | (Date first transveted business in Florida at prior<br>(See sections 605 5903 & 605,0905, F.S. to dete | to registration y<br>runine penalty liabili | 5)                    |   |
| 11 Dupont Circle NW, FL9               |  | 1111  | Oupont Circle NW, FL9 |   |
| et Address of Principal Office)        |  | (Mailing Address)                           |                       |   |
| Washington, DC 20036                   | i e  | Was   | hington, DC 20036     |   |
| Name and street addres                 | ss of Florida registered agent. (P.O. B  |   | otable)               |   |
| Name and <u>street addres</u><br>Name. |  |   | otable)               |   |
| Name.                                  | ss of Florida registered agent. (P.O. B  |   | otable)               |   |
|  | C T Corporation System  1200 South Pine Island Road  | ox <u>NOT</u> acce                          | 33324<br>Florida      | 2 |

From: Ranae McGraw

manage [up to six (5) total]

| Title or Capacity:   | Name and Address:                 | <u>Title or Capacit</u> | <u>Y:</u>     | Name and Address: |
|----------------------|-----------------------------------|-------------------------|---------------|-------------------|
| □Manager             | Name: Brandon Jenkins             | □Manager                | Name          |                   |
| □Member              | Address: 11 Dupont Circle NW, FL9 | □Member                 | Address       |                   |
| ⊠Authorized          | Washington, DC 20036              | ☐ Authorized            |               |                   |
| Person               |                                   | Person                  | <del> </del>  |                   |
| Other                | Other                             | Other                   |               | []Other           |
| ∐Manager             | Name:                             | ∐ Manager               | Name:         |                   |
| □Member              | Address:                          |                         | Address:      |                   |
| □Authoriz <b>e</b> d |                                   | ☐ Ainhorized            |               |                   |
| Person               |                                   | Person                  |               |                   |
| ☐Other               | Other                             | □ Other                 |               | ]Other            |
| □Manager             | Name:                             | <u> </u>                | Name          |                   |
| □Member              | Address:                          | Member                  | Address:      |                   |
| □Authorized          |                                   | □ Authorized            | <del></del> - |                   |
| Person               |                                   | Person                  |               |                   |
| □Other               | ⊡Other                            | □Other                  |               | []Osher           |

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.

| FLAL            |                                   |   |
|-----------------|-----------------------------------|---|
|                 | Signature of an authorized person | _ |
| Brandon Jenkins |                                   |   |
| ·····           | forest or pointed name of some    |   |

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "FR - CLINTON CORNER, 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 FIFTH DAY OF FEBRUARY, A.D. 2021.

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

Authentication: 202455338

Date: 02-05-21

4972951 8300 SR# 20210357132

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