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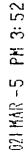
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Foreign Limited Liability Company SOUTHERN LITHO XII LLC

Certificate of Status	0
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· Taylor Seay 8004323622

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Southern Litho XII LLC

[Name of Foreign Limited Unbility Company; must include "Limited Unbility Company," "LLC," or "LUC.")

Delaware	3.	86-2329364		•
(Jurisd ettors gader the law of which furrign limited hability company is organized)	э.	(PEI number, if applicable)		
			. , .	
(Deta hirst transacted trial inces in Florida, If prior to to (300 authors 603 0904 & 605,0905, F.S. to determine	c pomity	liabelity)	100	
9010 Strada Stell Court	6.	9010 Strada Stell Court	المبارية . المارية المارية	,
vert Address of Principal Office)	v.	(Maliby Address)	٠ ١٦٠	1
Suite 103		Suite 103		
Naples, FL 34109		Naples, FL 34109		

Name:	Scan Conley	
Office Address:	9010 Strada Stell Court, Suite 103	
	Naples	34109 . Florida
	(City)	(7ts.cods)

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.

(Registared agent's supretture)

B. 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 Canacity:	Name and Address:	Title or Capacity:		Name and Address:	
Manager	Name: Daniel J. Conley Sr.	□Manager	Name:	·····	
□Member	Address: 9010 Strada Stell Court	□Member		; 	
☐ Authorized	Suite 103	□Authorized			
Person	Napics, FL 34109	Регвол			
□Other	□Other	□Other		DOther 1911	1
□Manager	Name:	□Manager	Name:	γι	j v
□Member	Address:	□Member	Address:	7 P K	1
☐ Authorized		☐ Authorized			
Person		Person	<u> </u>		
Other	□ Other	□Other		□Other	
☐ Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:		
☐ Authorized		□ Anthorized			
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. Non-indexed individuals may be added to the index when filing your Plorida 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 lunguage, 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.

Signature of an authorized person

Daniel J. Conley, Sr.

Typed or printed name of styree

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTHERN LITHO XII 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 MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHERN LITHO . XII LLC" WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2021.

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

5358173 8300 SR# 20210816184

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

Authentication: 202663980

Date: 03-05-21