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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 ORC FL 20B, LLC

Certificate of Status	Ü
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To: 18506176383

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ORC FL 20B, 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 "LL.C,") Illinois (FE) number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) .upon qualification first transacted business in Florida, if prior to registration) sections 605 0904 & 605 0905, F.S. to determine penalty liability) 200 W Madison 200 W Madison (Mailing Address) (Street Address of Principal Office) Suite 2800 Suite 2800 Chicago IL 60606 Chicago IL 60606 . 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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. Kimberly Laughrey, Assistant Secretary (Registered agent's signature)

To: 18506176383 1

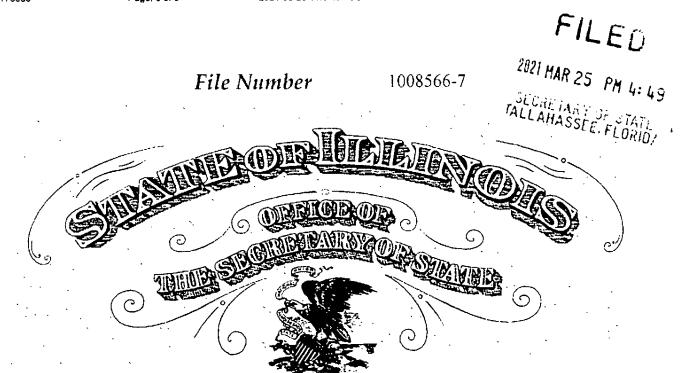
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:		Title or Canacity:		Name and Address:
■ Manager	Name: Scott A. Drane		□Manager	Name:	
□Member	Address: 200 W Madison		□Member	Address:	
□Authorized	Suite 2800		□Authorized		
Person	Chicago IL 60606		Person		
Other	□ Other		□Other		□ Other
□Manager	Name:	_	□Manager	Name:	
□Member	Address:		□Member	Address:	
□Authorized			□Authorized		~ ~ ~ 1
Person		-	Person		
□Othcr	□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. 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.

	Signature of an authorized person
Scott A. Drane	
	Typed or printed name of signee



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ORC FL 20B, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 23, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of MARCH A.D. 2021.

Authentication #: 2108402552 verifiable until 03/25/2022
Authenticate at http://www.cyberdriveillinois.com

Desse White