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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 847839 8143758 AUTHORIZATION COST LIMIT ORDER DATE: June 8, 2021 ORDER TIME : 2:53 PM ORDER NO. : 847839-035 CUSTOMER NO: 8143758 -----FOREIGN FILINGS NAME: ARG TW15PCK001, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER: \_\_\_

CONTACT PERSON: Alexxis Weiland -- EXT#

## COVER LETTER

то;	Registration S Division of Co				
SUBJEC		15PCK001, LLC			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	Na	me of Limited Liability Company		
			ty Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida		
Please re	eturn all corresp	ondence concerning this matte	r to the following:		
	Kirst	en Winand			
			Name of Person		
	American Finance Operating Partnership, L.P.				
	Firm/Company				
	38 Washington Square				
Address					
	New	port, Rhode Island 02840			
		·	City/State and Zip Code		
	kwinar	nd@ar-global.com			
		E-mail address: (to	be used for future annual report notification)		
For furth	ner information	concerning this matter, please	call:		
Kirsten Winand		nd	212 415.6584 at ()		
		Name of Contact Person	at () Area Code Daytime Telephone Number		
Mailing Address: Registration Section			Street Address: Registration Section		
Division of Corporations			Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
	Tallahassee,	FL 32314	2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		
		heck for the following amount: leck payable to: FLORIDA DI ing Fee	EPARTMENT OF STATE Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate		

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ARG TW15PCK001, (Name of Foreign	LLC Limited Liability Company; must include "Limite	d Liability Con	npany," "L.L.C.," or "LLC,")		-
(It name unavailable, enter alternate)	name adopted for the purpose of transacting business in F	londa. The alterna	ite name must include "Limited Liabil	ity Company," "L. L. C.," or "	LLC.")
Delaware		,			
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	٥	(FEI number, )	if applicable)	-
upon filine					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) iine penalty liabili	(y)	<del></del>	
5. (Street Address of Principal Office)		6	(Mailing Address)		=
(Street Address of Principal Office)			(Mailing Address)		
38 Washington Squa	are	38 /	Washington Square		
Newport, Rhode Isla	nd 02840	Nev	vport, Rhode Island 028	40	
7. Name and street address	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> accep	nable)	2821	
Name:	Corporation Service Company		_		_ جل
Office Address:	1201 Hays Street		_	AH 7	
	Tallahassee		32301 , Florida	. 12	
	(City)	- <u></u> -	(Zip code)		
designated in this applica to comply with the provisi	gistered agent and to accept service of partion, I hereby accept the appointment allows of all statutes relative to the proper sof my position as registered agent.	s registered	agent and agree to act in to te performance of my duti	his capacity. I furth	her agree

(Registered agent's signature)

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	
□Manager	Name:	Amer □Manager	ican Finance Operating Partnership, L.F. Name: It's sole member
□Member	Address:	■Member	Address:
■ Authorized	Newport, Rhode Island 02840	□Authorized	Newport, Rhode Island 02840
Person	Authorized Signatory	Person	
□Other	Other	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		$\Box$ Authorized	
Person		Person	
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	□Other

<u>Important Notice:</u> 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.

Sumature of an authorized person

Michael R. Anderson, Authorized Signatory

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ARG TW15PCK001, 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 EIGHTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARG TW15PCK001,
LLC" WAS FORMED ON THE EIGHTH DAY OF JUNE, A.D. 2021.

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

Authentication: 203392663

Date: 06-08-21

5980993 8300 SR# 20212383999