

7/22/21

*M2100009393*  
Division of Corporations  
Florida Department of State  
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Maintaining Corporate Records

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To: Division of Corporations  
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Account Number : FCA000000023  
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REC'D

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
RAR2 – 5400 NW 114TH AVENUE FL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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*SPF 7/23/21*

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

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. RAR2 - 5400 NW 114th AVENUE FL, 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. (LL number, if applicable)

4. (Date first transacted business in Florida, if prior to registration) (See sections 605.0004 & 605.0005, F.S. to determine penalty liability)

5. 222 South Riverside Plaza, 34th Floor (Street Address of Principal Office) Chicago, IL 60606 6. 222 South Riverside Plaza, 34th Floor (Mailing Address) Chicago, IL 60606

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

Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida 33324 (City) (Zip code)

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.

By: Sandra Zwiack, Assistant Secretary (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]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>RREEF America REIT II, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>W. Todd Henderson</u>
<input checked="" type="checkbox"/> Member	Address: <u>222 South Riverside Plaza, 34th Floor</u>	<input type="checkbox"/> Member	Address: <u>875 3rd Avenue, 26th Floor</u>
<input type="checkbox"/> Authorized Person	<u>Chicago, IL 60606</u>	<input checked="" type="checkbox"/> Authorized Person	<u>New York, New York 10022</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Joseph Cappelletti</u>	<input type="checkbox"/> Manager	Name: <u>Vikram Mehra</u>
<input type="checkbox"/> Member	Address: <u>222 South Riverside Plaza, 34th Floor</u>	<input type="checkbox"/> Member	Address: <u>875 3rd Avenue, 26th Floor</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Chicago, IL 60606</u>	<input type="checkbox"/> Authorized Person	<u>New York, New York 10022</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>William Swiderski</u>	<input type="checkbox"/> Manager	Name: <u>Portia Guerin</u>
<input type="checkbox"/> Member	Address: <u>222 South Riverside Plaza, 34th Floor</u>	<input type="checkbox"/> Member	Address: <u>222 South Riverside Plaza, 34th</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Chicago, IL 60606</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Chicago, IL 60606</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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.

Portia Guerin  
Signature of an authorized person

Portia Guerin  
Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RAR2 - 5400 NW 114TH AVENUE FL, 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 TWENTY-FIRST DAY OF JULY, A.D. 2021.

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

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SECRETARY OF STATE



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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