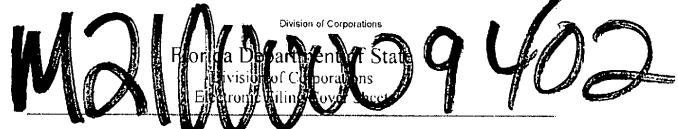
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From: Kimberly Laughrey

7/22/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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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cmarr	Address:	 	_

Foreign Limited Liability Company RAR2 - 3130 N. JOG ROAD FL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RAR2 = 3130 N. IOG (Name of Foreign	ROAD FL, LLC Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "LL.C.")	
(B name enavailable, enter alternate)	name adopted for the propose of transacting business in F	lorida. The alternate name must include "Lamited Lash	ibty Company," (L.I.,C.) or "I (C.))
Delaware 2. Oursdiction under the faw of w	hich foreign limited liability company is organized)	3. (JT.) number	if applicable)
4.	(Date first transacted baseness in Florida, it prior to (See sections 605 0004 & 605 0005, F.S. to determ	regestration.)	_
222 South Riverside P 5. (Street Address of Principal Office)		6. 222 South Riverside Plaza, 3-	th Floor
Chicago, IL 60606		Chicago, IL 60606	202
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	22 PH
Name:	C T Corporation System		5: 29
Office Address:	1200 South Pine Island Road		
	Plantation	33324 , Florida	

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 Zwijack, Assistant Secretary

By: Sandra Zwijack, Assistant Secretary

To: 18506176383

8. For initial indexing purposes, list names, little 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:	Name and Address:
□Manager	Name: RREEF America REIT II, Inc.	_Manager	Name:W. Todd Henderson
■ Member	Address: 222 South Riverside Plaza, 34th Floor	_Member	Address:
□Authorized	Chicago, 1L 60606	■ Authorized	New York, New York 10022
Person		Person	
⊡Other		□Other	
⊡Manager	Name:	□Manager	Name: Vikram Mehra
⊡Member	Address: 222 South Riverside Plaza, 34th Floor	Member	Address: 875 3rd Avenue, 26th Floor
ন্ত্ৰ Authorized	Chicago, 11, 60606	E Authorized	New York, New York 10022
Person		Person	2021 JU
⊡Other		□Other	
_	William Swiderski	_	
□ Manager	William Swiderski Name:	□ Manager	rame.
□Member	Address: 222 South Riverside Plaza, 34th Floor	□Member	Address: 222 South Riversida Plaza, 34th Floor
■ Authorized	Chicago, IL 60606	■ Authorized	Chicago, IL 60606
Person		Person	
∏()ther	_ 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 fellowy as provided for in \$ 817.155, F.S.

Portra Grecin		
y	Signature of an authorized person	
Portia Guerin		
	to the state of th	

Delaware The First State

Page 1

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

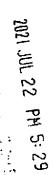
DELAWARE, DO HEREBY CERTIFY "RAR2 - 3130 N. JOG ROAD FL, LLC" IS

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.





Authentication: 203730544

Date: 07-21-21