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- 1	.,	

Division of Corporations

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Account Number: FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

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Email	Address:			

Foreign Limited Liability Company RAR2 = 2141 VININGS CIRCLE FL, LLC

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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 HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

, RAR2 - 2141 VINING	S CIRCLE FL, LLC				
(Name of Foreign	Limited Liability Company; must include "Limited	Tiability Company," "L.	L.C.," or "H.C.")		
(If name may silable, enter alternate r	name adopted for the purpose of transacting business in Floring	orida. The alternate name mu-	st include "Lumited Liabilit	y Company," "L.L.	C," (x "Lt.C")
Delaware 2.		3.	(FEI number, if		
(Jurisdiction under the law of w	nich foreign limited liability company is organized)		(FEL number, if	applicable)	
4	(Date first transacted business in Florida, if prior to (See Actions 635 0903, & 605 0905, F.S. to determine	registration.)			
	,	ine penalty liability)			
222 South Riverside P 5.	laza, 34th Floor	6. 222 South Ri	verside Plaza, 34th	Floor	2
5. (Street Address of Principal Office)		(Mailing A	ddress)		2
Chicago, IL 60606		Chicago, IL 6	50506		告 罚
		emeage, no		, , , , , , , , , , , , , , , , , , ,	72
				ī	<u>-0</u>
···				act.	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)			6. 5 <u> </u>
				• • •	, σ
Name:	C T Corporation System				
ranic.					
Office Address:	1200 South Pine Island Road				
	Plantation		33324		
		, Flori		_	
	(C.i.)		(Auth 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.

Ву:	X CT CO	poration System	Sandra Zwijack, Assistant Secret	ary
		¬(KsBi+rcica añciii > viñiizin.)	nt)	

Page: 5 of 6

8.	For initial indexing purposes, li	list names, title or cap	acity and addresses of	the primary	members/managers or	persons authorized to
ma	nage [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	222 South Riverside Plaza, 34th Floor Address:	□Member	Address: 875 3rd Avenue, 26th Floor
□Authorized	Chicago, IL 60606	■ Authorized	New York, New York 10022
Person		Person	
	□Other	Other	□ Other
□Manager	Name: Joseph Cappelletti	_Manager	Name:
□Member	Address: 222 South Riverside Plaza, 34th Floor	□Member	Address: 875 3rd Avenue, 26th Floor
■ Authorized	Chicago, IL 60606		New York, New York 10
Person		Person	JE . 13
□ Other	Other	Other	22 DOINER 22
□Manager	Name:	∐Manager	Name: Portia Guerin, 5
□Member	222 South Riverside Plaza, 34th Floor Address:	□Member	222 South Riverside Plaza, 34th Floo Address:
■ Authorized	Chicago, IL 60606	Authorized	Chicago, IL 60606
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. Nonindexed 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 \$.817.155, F.S.

Portin	Ruin
V	Signature of an authorized person
Portia Guerin	



Page 1

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

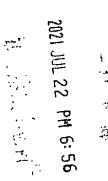
DELAWARE, DO HEREBY CERTIFY "RAR2 - 2141 VININGS CIRCLE FL, LLC" IS

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: 203730547

Date: 07-21-21