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(2)



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 969492 \_ 4328604

AUTHORIZATION : Spelle Ran

COST LIMIT : \$ 125.00

ORDER DATE : August 19, 2021

ORDER TIME : 8:55 AM

ORDER NO. : 969492-025

CUSTOMER NO: 4328604

\_\_\_\_\_

## FOREIGN FILINGS

NAME: MDC COASTAL 20, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

COVER LETTER					
TO: Registration Section Division of Corporations					
MDC Coastal 20, LLC SUBJECT:					
· · · · · · · · · · · · · · · · · · ·	lame of Limited Liability Company				
The enclosed "Application by Foreign Limited Liabil Existence, and check are submitted to register the about	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.				
Please return all correspondence concerning this matt	ter to the following:				
	Name of Person				
	Name of Ferson				
	Firm/Company				
	Address				
	City/State and Zip Code				
E-mail address: (to	o be used for future annual report notification)				
For further information concerning this matter, please	e call:				
Name of Contact Person	at () Area Code Daytime Telephone Number				
Mailing Address: Registration Section	Street Address:				
Division of Corporations	Registration Section Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				
	Tallahassee, FL 32303				

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

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

IN COMPLANCE WITH SECTION 605.0902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign I	Limited Liability Company; must include "Limited	Liabilit	y Company," "L.L.C.," or "LLC.")			
(if name unavailable, enter alternate n	ame adopted for the purpose of transacting business in FI	orida. The	alternate name must include "Limited Li	ability Company," "L.L.C," or "LLC.		
Delaware 2		3.	87-1268957			
(Jurisdiction under the law of which foreign limited liability company is organized)		٥.	(FEI number, if applicable)			
Upon Filing						
<del>1</del>	(Date first transacted business in Florida, if prior to 1See sections 605,0904 & 605,0905, F.S. to determi	registratio ne penalty	n ) · liability)			
11995 El Camino Real 5.		6.	11995 El Camino Real			
Street Address of Principal Office)			(Mailing Address)			
San Diego, CA 92136	0		San Diego, CA 92130			
				63		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT	acceptable)	SEP -		
Name:	Corporation Service Company			-3 PM		
Office Address:	1201 Hays Street			I: 20 Tate eaby		
	Tallahassee		32301 , Florida			
	(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.

Corporation Service Company

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:		Name and Address:
□Manager	Name: Realty Income Corporation	□Manager	Name:	
■Member	Address:	□Member	Address:	- <del>-</del>
□Authorized	San Diego, CA 92130	□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	wa.	
Person		Person		
□Other	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

Shannon Jensen, Authorized Person

Typed or printed name of signee

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MDC COASTAL 20, 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 SECOND DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MDC COASTAL 20, LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2021.

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



Jeffrey W. Buffoch, Secretary of State