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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Comments) |
| (Document Number) |
| (Socialism Names) |
| Certified Copies Certificates of Status |
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2021 NOV 22 PH 4: 09 2021 NOV 22 PH 3: NO

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8. FRANCE SOL PLONING.

NOV 23 2021

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 260921 835446

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: November 22, 2021

ORDER TIME : 2:41 PM

ORDER NO. : 260921-085

CUSTOMER NO: 8354467

FOREIGN FILINGS

NAME: 5335 HAWKS LANDING DRIVE (FL)

OWNER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: ______

COVER LETTER

TO:

Registration Section

| plication by Foreign Limited Liability eck are submitted to register the above orrespondence concerning this matter | Company for Authorization to Transact Business in Florid referenced foreign limited liability company to transact but to the following: | a," Certit siness in | icate of |
|---|--|---|---|
| orrespondence concerning this matter | to the following: | | i iorida |
| | · · | | |
| | Name of Person | _ | |
| | Firm/Company | _ | |
| | Address | 702 | |
| | City/State and Zip Code | 1 NOV 22 | |
| | ्रेप्तर क्षेत्र का क्षेत्र के किन्नु के इसके | | |
| lation concerning this matter, prease co | | | |
| Name of Contact Person | | | |
| ation Section n of Corporations ox 6327 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| | E-mail address: (to be nation concerning this matter, please c | Address City/State and Zip Code E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: at () Name of Contact Person Area Code Daytime Telephone Number Address: ation Section n of Corporations Division of Corporations ox 6327 The Centre of Tallahassee see, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | Address City/State and Zip Code E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: Name of Contact Person Address: ation Section n of Corporations Division of Corporations Division of Corporations Division of Corporations The Centre of Tallahassee see. FL 32314 Tallahassee, FL 32303 |

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:

| (If name unavailable, enter alternate | name adopted for the purpose of transacting business in Flo | rida. The alternate name must include "Limited Lial | oility Company," "L.L.C." or "L.L.C.") | | |
|---|--|---|--|--|--|
| Delaware | | | | | |
| 2. (Jurisdiction under the law of v | hich foreign limited liability company is organized) | 3(FEI number | (FEI number, if applicable) | | |
| Upon registration | | | | | |
| | (Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin | egistration.) e penalty hability) | | | |
| 233 S. Wacker Drive | e, Suite 4700 | 233 S. Wacker Drive, Suite | e 4700 | | |
| (Street Address of Principal Office) | | 6. (Mailing Address) | | | |
| Chicago, IL 60606 | | Chicago, IL 60606 | | | |
| Name: | ss of Florida registered agent: (P.O. Box Corporation Service Company | <u></u> | MINOV 22 F | | |
| Office Address: | 1201 Hays Street | | See PH 3: | | |
| | Tallahassee | 32301 , Florida | r: — | | |
| | (City) | (Zip code) | | | |
| designated in this applica to comply with the provis | otance: egistered agent and to accept service of pretion. I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent. Corporation Service Company | registered agent and agree to act in | this capacity. I further agre | | |

| Title or Capacity: | | Name and Address: | Title or Capacity: | | Name and Address: William J. Stein | |
|---|---|--|--|--|--|--|
| □Manager | Name: | Tyler Henritze | □Manager | Name: | | |
| □Member | | 345 Park Avenue | □Member | Address: _ | 345 Park Avenue | |
| ■ Authorized | New York, NY 10154 | | Authorized | New York, NY 10154 | | |
| Person | | | Person | | | |
| Other | | □Other | □Other | | □Other | |
| □Manager | Name: B | irian Kim | □Manager | Name: | | |
| □Member | | 345 Park Avenue | | | | |
| ■ Authorized | New Yo | rk, NY 10154 | المسائد عادية | | | |
| | | | Darrage | | | |
| Person Other | | □Other | | | □Other | |
| | | | | | 29 | |
| □Manager | Name: _ | | □Manager | Name: | 2821 NOV | |
| □Member | Address: | | □Member | Address: _ | 2 | |
| □Authorized | | | □Authorized | | 9.5 P | |
| Person | | | Person | | Mo co | |
| Other | | □Other | □Other | | □Other | |
| 9. Attached is a cer jurisdiction under to of the translator mu | s may be actificate of che law of vist be subnis execute iment to the | d in accordance with section 605. Department of State constitutes | or Florida Department of State of duly authenticated by the ficate is in a foreign language of the control of t | e Annual Re e official have, a translation s. I am aware ided for in s | eport form. ving custody of records in the on of the certificate under oatle that any false information | |
| | ► | TOURDARE (TANNAT | ature of an authorized person | | | |

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "5335 HAWKS LANDING DRIVE (FL) OWNER

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

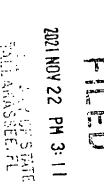
IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF NOVEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5335 HAWKS LANDING DRIVE (FL) OWNER LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2021.

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





Authentication: 204757700

Date: 11-22-21