**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.

(((H210004390473)))



	Doing so will generate and	other cover sheet.	om this page. 2021
To:			
	Division of Corporations		1
	Fax Number : (850)617-6383		Maria P
From:	:		m 7
	Account Name : C T CORPORATIO	N SYSTEM	
	Account Number : FCA0000000023 Phone : (614)280-3338		···
	Fax Number : (954)208-0845		
а	r the email address for this busine nnual report mailings. Enter only mail Address:  Foreign Limited Liab	one email address pleas	or future e.** 
а	nnual report mailings. Enter only mail Address:	one email address pleas	or future e.** 
а	nnual report mailings. Enter only mail Address:  Foreign Limited Liab	one email address pleas	or future e.** 
а	nnual report mailings. Enter only mail Address:  Foreign Limited Liab 1420 S MIAMI MF TOWF	one email address pleas ility Company ER I OWNER LLC	or future e.** ———
а	Foreign Limited Liab 1420 S MIAMI MF TOWF	ility Company  ER 1 OWNER LLC	e. <b>**</b>
а	Foreign Limited Liab 1420 S MIAMI MF TOWF  Certificate of Status  Certified Copy	ility Company ER I OWNER LLC	e.**  S. FRANK
(i)	Foreign Limited Liab 1420 S MIAMI MF TOWF  Certificate of Status  Certified Copy  Page Count	ility Company  ER 1 OWNER LLC  0 1 04	e. <b>**</b>
а	Foreign Limited Liab 1420 S MIAMI MF TOWF  Certificate of Status  Certified Copy  Page Count	ility Company  ER 1 OWNER LLC  0 1 04	e.**  S. FRANK

Page: 4 of 6

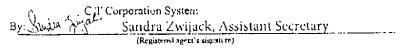
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (IIS,0002, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

, 1420 S Miami MF Tov						
(Name of Foreign	Limited Lability Company; must include "Limited	d Liabili:	y Company, "L.L.C., or "ELC.")			
(If name unavadable, over alternate	name adopted for the purpose of transacting business in F.	crids, The	alternate name must include "Limited Linbility Co	nipany," "L.L.C	'," 0: "LLC	."າ
Delaware						
2. (Instediction ender the law of which foreign limited liability company is organized)		.3.	(h'El number, il appi	(Fill number, if applicable)		
N/A						
4.	(Date first tremacted business in Florida, it prior to (See sections 605 0004 & 605 0005 F.S. to determ	legist she	0)			
		ine penalty				
Woodlawn Hail at Old 5.		6.	Woodlawn Hail at Old Parkland			
(Street Address of Principal Office)			(Mailing Address)			
3953 Maple Avenue, S	Suite 300		3953 Maple Avenue, Suite 300	;- 2>	2021	
Dallas, Texas 75219			Dallas, Texas 75219		_ 330	
7 Name and street addres	ss of Florida registered agent: (P.O. Box	NOT	accentable)	_ \$\frac{1}{60}\cdots	P	
7. Thine and agree during	in or i to take registered agent. (1.0. 20.			in C		Į.
Name;	C T Corporation System				2:	- Mary
Office Address:	1200 South Pine Island Road					
	Plantation					
	(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.



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]:

Fitle or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
□Manager	Name: Ron J. Hoyl	□Menager	Name:	
⊟Member	Address: 3953 Maple Avenue, Ste 300	□Member	Address:	
<b>⊠</b> Authorized	Dallas, TX 75219	□Authorized		
Person		Person	<del></del>	<u> </u>
☑ Other	dent Other	ElOther		□Other
□ Manager	Name:	□Manager	Name:	
∐Member	Address:	□Member	Address:	
□Authorized		ClAmhorized		
Person		Person		
L]Other	☐Other	□Other	<del></del>	Dother M
∐Manager	Name:	□Manager	Name:	ASSET 2
□Member	Address:	⊔Me;nber	Address:	- FE -
□Authorized		□ Authorized		<u> </u>
Person		Person		
[]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 s.817.155, F.S.

Signature of an authorized person	
Ron J. Hoyl, Authorized Person	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1420 S MIAMI MF TOWER 1 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 FIRST DAY OF DECEMBER, A.D. 2021.

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





6424233 8300 SR# 20213941142

Authentication: 204831132

Date: 12-01-21