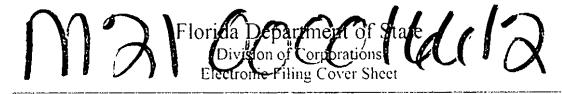
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)209-0845

Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company ADREX Clearwater Master Tenant LLC

Certificate of Status	0
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Help

S. HAWKES

Page: 3 of 5

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L ADREX Clearwater Ma					
(Name of Foreign	Limited Liability Company; must include '3 imite	al Liability	Company, "L.L.C.," or "H.C.")		
(If name unavaitable, enter alternate r	name adopted for the purpose of transacting business in E	londs. The	alternate name must include "Limited Liabil	hty Company," "LLC," or "LLC	
Delaware 2.	high toroign limited liability company is organized)	3.	(El number,	d'antrophe)	
Comparison mass on 184 of 4	neer to the minitor informs company is organized)		, and managed	, apprications y	
4	(Date first transacted business in Florida if prior to (See sections 605 0901 & 605 0905, F.S. to determ	registration	1 liability)		
518 17th Street Suite 1 5. (Street Address of Principal Office)		6.	518 17th Street Suite 1700		
Denver CO 80202			Denver CO 80202	~-3	
		•			,1
7. Name and street address	s of Florida registered agent: (P.O. Box	c <u>NOT</u> a	acceptable)	-8 P	
Name:	C T Corporation System			PH 2: 13	
Office Address:	1200 South Pine Island Road			LIE 3	
	Plantation		33324 , 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.

By: C.T. Corporation System

By: Ames D. Wartin

(Registered agent's signature)

James Martin - Assistant Secretary

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: Sarah Wadsworth	□Manager	Name: Sara Butz
□Member	Address: 518 17th Street Suite 1700	Member	Address: 518 17th Street Suite 1700
■ Authorized	Denver CO 80202	■ Authorized	Denver CO 80202
Person		Person	
□Other	Other	□ Other	Other
∐Manager	Name: Joshua J. Widoff	∏Manager	Name:
□Member	Address: 518 17th Street Suite 1700	□Member	Address: 518 17th Street Suite 1700
■ Authorized	Denver CO 80202	 Authorized	Denver Co 80202
Person		Person	
⊒Other		□ Other	□Other
□Manager	Name:	□ Manager	Name:
□Member	Address: 518 17th Street Suite 1700		Address: 518 17th Street Suite 1700
■ Authorized	Denver CO 80202	■ Authorized	Denver CO 80202
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.

Said Wednet	
	Signature of an authorized person
Sarah Wadsworth	
	Typed or printed name of curves

To: +18506176383



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

DELAWARE, DO HEREBY CERTIFY "ADREX CLEARWATER MASTER TENANT 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 EIGHTH DAY OF DECEMBER, A.D. 2021.

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

Authentication: 204910351

Date: 12-08-21