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

IN COMPLIANCE WITH SECTION (45,6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITE	1) 11.4RHJTY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	

me massailable, oner afternate;	ume adopted for the purpose of transfering bissness in Flar	kla. The alternate name in	mst melude "Limited Lisbi	hty Company,"	"LLC," or	"[[£1,")
Oclaware		1				
(Jurisdiction under the law of w	high foreign himited liability company is organized)		(l'El number,	if applicable)	2(_
N/A				<u>::</u> 	2022 HAR	ع مىلەت
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration) e penalty lightity)		;	70	. ,
1001 Pennsylvania Av		1001 Penn:	sylvania Avenue N	w S	7	‡
r Address of Principal Office)		6,(Mailing	Address)	<u> </u>	35	- ; ; ;
Washington, DC 2000-	1	Washingto	n, DC 20004		12: 5	epul
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT acceptable)	<u></u> - 10 10 10 1 <u></u>			_
	S of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)				_
Name and <u>street addres</u> Name: Office Address:		<u>NOT</u> acceptable)				_
Name:	C T Corporation System 1200 South Pine Island Road		33324 prida			_
Name:	C T Corporation System 1200 South Pine Island Road	NOT acceptable)	orida 33324 (Zip code)			
Name: Office Address: gistered agent's accepting been named as reignated in this applicationship with the provisi	C T Corporation System 1200 South Pine Island Road Plantation (City)	cocess for the abo	ve stated limited lid and agree to act in	this capaci	ity. I fur	ther a

From: Kaity Toon

Title or Capacity:	Name and Address:	Title or Capacity	<u>Name and Address:</u>
⊒Manager	Name: CNLLAMF FREIT LLC	∐Manager	Name:
⊞ Member	Address: 1001 Pennsylvania Ave NW	∏Member	Address:
□ Aπthorized	Washington, DC 20004	□Authorized	
Person		Person	
COther	Other	□Other	[]Other
□Manager	Name:	□Manager	Name:
☐ Member	Address:	□Member	Address: 2072
☐ Authorized		□Authorized	· · · · · · · · · · · · · · · · · · ·
Person		Person	
□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.

Keri Grant		
	Signature of an authorized person	
Keri Grant, Authorized Person		

To: +18506176383

Delaware The First State

Page 1

Fram: Kaity Toon

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

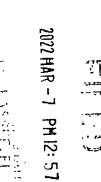
DELAWARE, DO HEREBY CERTIFY "CNLI AMF I GP LLC" IS DULY FORMED

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 FOURTH DAY OF MARCH, A.D. 2022.

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



Authentication: 202827517

Date: 03-04-22