3/31/22, 1:36 PM Division of Corporations

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10.	Division of Corp	orations	
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		C T CORPORATION SYSTEM	် ပ
	Account Number :		J
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	Fax Number :	(614)573-3996	
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LIT BLV FL Old Lake Wilson Rd Phase I Owner, LLC

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S. FRANKLIN

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

2022-03-31 11:38:14 CST

-	united Liability Company; most include *Limited					
Delaware	nine adopted for the purpose of transacting business in Flo	_		L L.C." or "I	ιc")	
(Jurisdiction under the law of wh	nich foreign limited liability company is organized;	d) (Ff.I number, il applicable)				
l	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration) no nemaliv liability)		202		
111 East Sego Lily Dri	va	111 Fast Sego Lily Drive	:	2022 HAR 3 I		
treet Address of Principal Office)		6Mailing Addressi	- <u>-</u> -	<u> </u>	•	
Suite 400		Suite 400		<u> </u>	•	
Sandy, UT 84070		Sandy, UT 84070	(1) 17:1	PH 12: 35	<u>.</u>	
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)				
Name:	C T Corporation System					
Office Address:	1200 South Pine Island Road					
Plantation		33324 , Florida				
	(Cuy)	(Zip cod	<u></u>			

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.	CT Corporation System James Martin	James Martin - Assistant Secretary
	(Registered agent's signature)	

Page: 5 of 6

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	<u>γ:</u>	Name and A	<u>.ddress</u>	<u>:</u>
□Manager	Name:	∏Manager	Name:			
□Member	Address: 111 East Sego Lily Drive	□Member	Address:	·		
☑Authorized	Suite 400	T Authorized	 -			
Person	Sandy, UT 84070	Person				
□Other	Other	Other		□Other		
□Manager	Name: LIT BLV Old Lake Wilson Road	∏Manager	Name:			
☑Member	Address:	⊒Member	Address:		<u>-</u>	
□Authorized	Suite 400	Z Authorized				
Person	Sandy, UT 84070	Person			2022	
□Other	Other	□ Other	<u>. </u>		HAR 3	.]
□Manager	Name:	☐ Manager	Name:	, L.	PH 2:	
□Member	Address:	☐ Member	Address: _		<u>ယ်</u> ပ၊	
□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. 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.

Jonathan Slager

Typed or printed name of signer

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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "LIT BLV FL OLD LAKE WILSON RD PHASE I

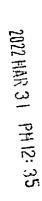
OWNER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE

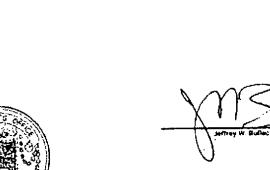
AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MARCH,

A.D. 2022.

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





6704586 8300 SR# 20221250373 Authentication: 203060757

Date: 03-31-22