M22000005143

(Requestor's Name)					
(Address)					
(, , , , , , , , , , , , , , , , , , ,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(2000,110,111,111,110,11)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					
Special instructions to mining Officer					

Office Use Only



700384929907

APPROVED AND FILED

2022 AP. 1-5 ATT 10: 2:

APR 0 6 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

04/05/2022

D	Date: 04/05/2022			
	Acc#120160000072			
Name:	ACPF CURLEY WESLEY CHAPEL, LLC			
Document #:				
Order #:	14241545			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination: Number of Certs:			
Availability Document Examiner Updater Verifier	Certified:			
W.P. Verifier Ref#				

Thank you!

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

ACPF Curley Wesley (Chapel, LLC		
(Name of Foreign	Limited Liability Company; must include "Limited	Ciability Company, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liabili	ty Company," "L.L.C," or "LLC.")
DELAWARE 2.		3.	
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	3. (FEI number, it	applicable)
N/A 4.			
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration.) penalty liability)	_
515 Flower Street, 49th Floor 5		515 Flower Street, 49th Floor	
(Street Address of Principal Office)		6. (Mailing Address)	
Los Angeles, CA 90071		Los Angeles, CA 90071	
<u></u>			
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2022 APR
Name:	C T Corporation System		PR -5
Office Address:	1200 South Pine Island Road		AH E
	Plantation	33324 , Florida	<u>8.</u> 5
	(City)	(Zip code)	
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to act in ti	his capacity. I further agree
	C T Corporation System	J Single	
ŀ	Registered agent's sig	Laura Droderick	_
	(6	Leurs Brodenck Jacobson Schröding	

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: SVF Holding Real Estate Investment Trust Name: Name: _____ □Manager ■ Manager Address: 515 Flower Street, 49th Floor ■ Member □ Member Address: Los Angeles, CA 90071 □ Authorized □ Authorized Person Person □Other_____ □Other ...____ □Other Other Name: _____ Name: □ Manager □ Manager Address: □Member Address: □ Member ☐ Authorized □ Authorized Person Person □Other____ Other____ □Other □Other □Manager □ 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. 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

Typed or printed name of signee

Scott Darling

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ACPF CURLEY WESLEY CHAPEL, 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 APRIL, A.D. 2022.

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

Authentication: 203086795

Date: 04-04-22

6704537 8300

SR# 20221292109