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Page: 2 of 5

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (954)208-0845 : (614)573-3996 Fax Number

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## Foreign Limited Liability Company Sun Belt Multi I, LLC

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APR - 7 2022 T. LEMIEUX

## 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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l'inanie imavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida The alternate	name must include "Limited Liab	ility Company," "L.L.C." or "L
DE		38-4	133783	
(Jurudation under the law of w	hich foseign limited liability company is ofganized)	J	(F6) number,	if applicable)
. <u> </u>	0. N. T.			***
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. so determine	ne penalty liability)		
700 S Rosemary Avenue  5. Street Address of Principal Office)		6. (Mailing Address)		
deet Namess of Frincipal Office)				
Suite 204-145		Suite 204-145		
West Palm Beach, FL 33401		West Palm Beach, FL 33401		
Name and street addres	es of Florida registered agent: (P.O. Box	NOT accepts	able)	202 FAI
Name:	CT Corporation System	············		FILE 2022 HAR -6
Office Address:	1200 South Pine Island Road	<del></del>		
	Plantation		, Florida 33324 (Zip code)	1 9: 33 STATE FLORID
(Cny)		(Zip code)	_ <u>@</u> ??	

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: Christine Keim Assistant Secretary

(Registered agent's signature)

From: Kaity Tool

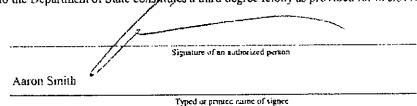
To: +18506176383

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:	□Manager	Name: Thomas Karsten
□Member	Address: 700 S Rosemary Avenue	□Member	Address: 700 S Rosemary Avenue
■Authorized	Suite 204-145	(E) Authorized	Suite 204-145
Person	West Palm Beach, FL 33401	Person	West Palm Beach, FL 33401
□Other		1Other	□Other
□Manager	Name:	∐Manager	Name:
□Member	Address:	□Member	Address:
□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.



Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "SUN BELT MULTI I, 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 SIXTH DAY OF APRIL, A.D. 2022.

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

an corn delaware cov/auti

Authentication: 203108168

Date: 04-06-22