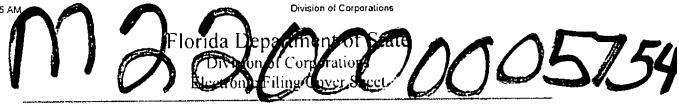
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (954)208-0845 : (614)573-3996 Fax Number

**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 Diversified I Master Tenant LLC

Certificate of Status	Ü
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

Help S. HAWKES

MAR = 2021

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

From: Lexus Wingo

IN COMPLIANCE WITH SECTION 605/002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name mayarlable, enter alternate nar	ne adopted for the purpose of framsacting business in I	lorida Llic	alternate mane must include "Limited Liabili	ıу Солирапу," "L	.1C." or "!	L1.(* ")
Delaware		,	20-2675640			
(Junsdiction under the law of whi	ch foreign limited liability company is organized)	٦.	(Hit number, d	applicable)		•
	02-01-2022					
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration	habiluy)	_		
518 17th St Ste 1700		6	518 17th St Ste 1700			
Street Address of Principal Office)		и.	(Mailing Address)			-
Denver CO 80202			Denver CO 80202			_
					F-3	-
						
 Name and <u>street address</u> Name: 	5 of Florida registered agent: (P.O. Bo C T Corporation System	x <u>NOT</u>	acceptable)	7 763 	13 PH 4: I	Control of the second of the s
Office Address:	1200 South Pine Island Road			<u> </u>	2	
	Plantation		33324 , Florida			
	(City)		, Florida(Zm code)			

From: Lexus Wingo

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:	
□Manager	Name: Sarah Wadsworth	☐ Manager	Name: Stefanic Sommers
□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:	□ Manager	Name: Kate Kilgore
	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: Scott Scager	□ Manager	Name: Lainie Minnick
-	Address: 518 17th Street Suite 1700	☐ Member	Address: 518 17th Street Suite 1700
☐ Member ☐ Authorized	Denver CO 80202		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. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

Saral Wednet		
	Signature of an authorized person	
Sarah Wadsworth		
	Typed or printed name of signee	

^{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.



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ADREX DIVERSIFIED I 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 TWELFTH DAY OF APRIL, A.D. 2022.

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

at corn delaware gov/auti

Authentication: 203164103

Date: 04-12-22