

4/26/22, 1:26 PM

Division of Corporations

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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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Foreign Limited Liability Company  
AIREIT Hoaglund DC LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 1        |
| Page Count            | 04       |
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S. FRANKLIN

APR 27 2022

Electronic Filing Menu

Corporate Filing Menu

Help

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:

1. AIREIT Hoaglund DC LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 47-1818255 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 518 17th Street Suite 1700 (Street Address of Principal Office)
6. 518 17th Street Suite 1700 (Mailing Address)
Denver CO 80202 Denver CO 80202

2022 APR 26 PM 12:16

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:
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.

/s/ James Martin - Assistant Secretary
By: (Registered agent's signature)

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]:

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>       | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>       |
|--|--------------------------------|--|--------------------------------|
| <input type="checkbox"/> Manager               | Name: Sarah Wadsworth          | <input type="checkbox"/> Manager               | Name: Stefanie Sommers         |
| <input type="checkbox"/> Member                | Address: 518 17th St Ste 1700  | <input type="checkbox"/> Member                | Address: 518 17th St Ste 1700  |
| <input checked="" type="checkbox"/> Authorized | Denver CO 80202                | <input checked="" type="checkbox"/> Authorized | Denver CO 80202                |
| Person   | _____                          | Person   | _____                          |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |
|  |                                |  |                                |
| <input type="checkbox"/> Manager               | Name: Enoch Hayase             | <input type="checkbox"/> Manager               | Name: Kate Kilgore             |
| <input type="checkbox"/> Member                | Address: 518 17th St Ste 1700  | <input type="checkbox"/> Member                | Address: 518 17th St Ste 1700  |
| <input checked="" type="checkbox"/> Authorized | Denver CO 80202                | <input checked="" type="checkbox"/> Authorized | Denver CO 80202                |
| Person   | _____                          | Person   | _____                          |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |
|  |                                |  |                                |
| <input type="checkbox"/> Manager               | Name: Andrea Karp              | <input type="checkbox"/> Manager               | Name: Sara Butz                |
| <input type="checkbox"/> Member                | Address: 518 17th St Ste 1700  | <input type="checkbox"/> Member                | Address: 518 17th St Ste 1700  |
| <input checked="" type="checkbox"/> Authorized | Denver CO 80202                | <input checked="" type="checkbox"/> Authorized | Denver CO 80202                |
| Person   | _____                          | Person   | _____                          |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |

2022 APR 26 PM 5:17

**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.

*Sarah Wadsworth*

Signature of an authorized person

Sarah Wadsworth

Typed or printed name of signer

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIREIT HOAGLUND DC 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 TWENTY-SIXTH DAY OF APRIL, A.D. 2022.

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

2022 APR 26 PM 12:17



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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