

M22000009856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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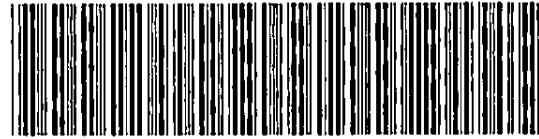
(Business Entity Name)

(Document Number)

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**DATE: 06/23/22**

**NAME: ALBANY ROAD-CHALLENGER SOUTH LLC**

**TYPE OF FILING: APPLICATION**

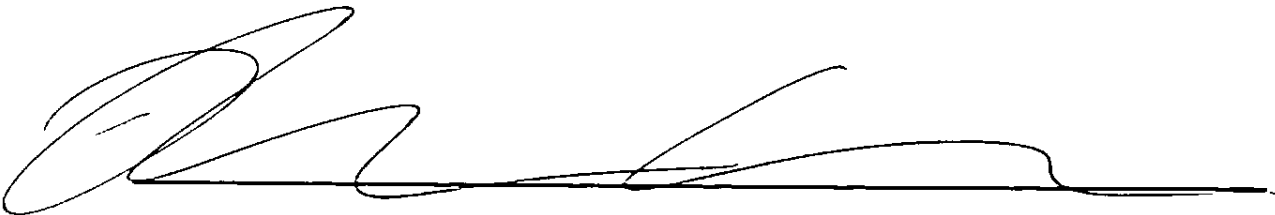
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

A handwritten signature in black ink, appearing to be 'Abbie/Paul Hodge', written over a horizontal line.

2022 JUN 23 PM 4:14

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Albany Road-Challenger South LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kevin R. Brennan

Name of Person

Saul Ewing Arnstein & Lehr LLP

Firm/Company

131 Dartmouth Street, Suite 501

Address

Boston, MA 02110

City/State and Zip Code

kevin.brennan@saul.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Brennan

617

894-7836

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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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. Albany Road-Challenger South 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 3. 88-2736929  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 155 Federal Street, Suite 1202 6. 155 Federal Street, Suite 1202  
(Street Address of Principal Office) (Mailing Address)  
Boston, MA 02110 Boston, MA 02110  
\_\_\_\_\_

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

Name: NRAI Services, Inc.  
Office Address: 1200 South Pine Island Road  
Plantation 33324  
(City) Florida (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/ Olga Hinkel

(Registered agent's signature)

Olga Hinkel, Vice President & Asst. Secretary

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]:

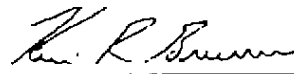
| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>                       | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|---|--|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Albany Road REF III Property Manager LLC | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: 155 Federal Street, Suite 1202        | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | Boston, MA 02110                               | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____  | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager        | <br>Name: _____                                | <br><input type="checkbox"/> Manager | <br>Name: _____                      |
| <input type="checkbox"/> Member             | Address: _____                                 | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | _____  | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____  | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager        | <br>Name: _____                                | <br><input type="checkbox"/> Manager | <br>Name: _____                      |
| <input type="checkbox"/> Member             | Address: _____                                 | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | _____  | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____  | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

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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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 Kevin R. Brennan  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALBANY ROAD-CHALLENGER SOUTH 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 TENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALBANY ROAD-CHALLENGER SOUTH LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2022.

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

2022 JUN 23 PM 4:14



6847650 8300

SR# 20222689892

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203650995

Date: 06-10-22