Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002169663)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

**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 NSP RE BS Lessee LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

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

NSP RE BS Lessee I	LC					
(Maine of Foreign I	imited Lightity Company must include "Lim	ited Liability	Company," "I, I, C, " or "II.C")			
	<u> </u>					_
nie unavailable, enter ulternate n	ame adopted for the purpose of transacting business in	n Elemena - Div	alternate name must include "Lamited Fishility C	ompany," "I	1, C,1 or "I	. I C
Delaware		,				
(Jurisdiction under the law of wh	nch foreign limited lithibity company is organized)	٥.	(i'lli suesher, ii applicable)			•
06/15/2022						
	(Date and transacted bitaness in Florida of prote (See sections 603 000) & 603 0905, F.S. to dete	rto registratio	(inbilay)			
300 Crescent Court,	Suite 700	,	300 Crescent Court, State 700	A CO	2027	
et Address of Principal (Hitee)		٥.	(Maling Address)		2022 JUN	-
Dallas, TX 75201			Dallas, TX 75201	E JESK HASIC	<u> </u>	
77.000				~ ~ ~ ~	Ν ω	-
				123 C-	P	
					<u> </u>	-
				E, Florio	 	
Name and <u>street addres</u>	s of Plonda registered agent (P.O. B	lox NOT	acceptable)	£.,	0	
Name:	CT Corporation System					
Marie.						
Office Address:	1200 South Pine Island Road					
Office Hadre x						
	Plantation		, Florida, Florida			
(City)			(Zip cisk)			

designated in this application. Thereby 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.

C T Corporation System	Small right
By: Sundra Zwijack, Assistant Secretary	(2) Mos. 13.7
(Registered agent a se	unature)

From: Kaity

' Page: 4 of 5

manage [up to six (6) total]

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊡Manager	Name: NSP RE BS Holdeo LLC	□ Manager	Name. Man McGraner
⊡ Member	Address: 300 Crescent Ct, Ste 700		Address: 300 Crescent Ct, Ste 700
□Authorized	Dallas, TX 75201	∑ Authorized	Dallas, TX 75201
Person		Person	
_Other	Other	_Other	
□Manager	Name:	_Manager	Name:
IIMember	Address: 300 Crescent Ct. Ste 700	Member	Address:
☑Authorized	Dallas, TX 75201	T Authorized	
Person		Person	
□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. 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.

Sitt	
 Signature of an antherized person	
Boan Motts	
 Typed or pointed name of signee	



Page 1

From: Kaity

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NSP RE BS LESSEE 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-SECOND DAY OF JUNE, A.D. 2022.

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

Authentication: 203743114

Date: 06-22-22