

M22000012153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

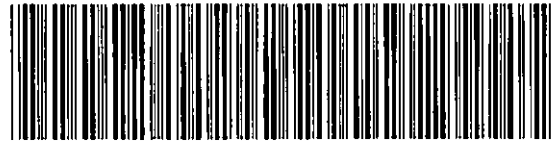
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG -3 AM 11:48

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TALLAHASSEE, FLORIDA

RECEIVED

S. ROBERTS

AUG - 3 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 08/03/2022

Acc#I20160000072

W: C D W

| | |
|-------------|------------------------------|
| Name: | RAR2 – Lake House Owner, LLC |
| Document #: | |
| Order #: | 14470887 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

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|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 155.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAR2 – Lake House Owner, 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:

Vanessa Lew
Name of Person
c/o RREEF America L.L.C.
Firm/Company
222 South Riverside Plaza, 34th Floor
Address
Chicago, IL 60606
City/State and Zip Code
vanessa.lew@dws.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Lew at (312) 537-9258
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

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

IN COMPLIANCE WITH SECTION 05002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RAR2 - Lake House Owner, 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. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0902, F.S. to determine penalty liability)

5. 222 South Riverside Plaza, 34th Floor
(Street Address of Principal Office)
Chicago, IL 60606

6. 222 South Riverside Plaza, 34th Floor
(Mailing Address)
Chicago, IL 60606

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)

2022 AUG -3 AM 11:48

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.

By: [Signature] C T Corporation System Mark Holloway, Asst. Secretary
(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: <u>RAR2 – Lake House JV, LLC</u> | <input type="checkbox"/> Manager | Name: <u>W. Todd Henderson</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>222 South Riverside Plaza</u> | <input type="checkbox"/> Member | Address: <u>875 3rd Avenue, 26th Floor</u> |
| <input type="checkbox"/> Authorized | <u>34th Floor</u> | <input checked="" type="checkbox"/> Authorized | <u>New York, NY 10022</u> |
| Person | <u>Chicago, IL 60606</u> | Person | <u></u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Joseph Cappelletti</u> | <input type="checkbox"/> Manager | Name: <u>Portia Guerin</u> |
| <input type="checkbox"/> Member | Address: <u>222 South Riverside Plaza</u> | <input type="checkbox"/> Member | Address: <u>222 South Riverside Plaza</u> |
| <input checked="" type="checkbox"/> Authorized | <u>34th Floor</u> | <input checked="" type="checkbox"/> Authorized | <u>34th Floor</u> |
| Person | <u>Chicago, IL 60606</u> | Person | <u>Chicago, IL 60606</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Vanessa Lew</u> | <input type="checkbox"/> Manager | Name: <u>Annie SoolHoo</u> |
| <input type="checkbox"/> Member | Address: <u>222 South Riverside Plaza</u> | <input type="checkbox"/> Member | Address: <u>222 South Riverside Plaza</u> |
| <input checked="" type="checkbox"/> Authorized | <u>34th Floor</u> | <input checked="" type="checkbox"/> Authorized | <u>34th Floor</u> |
| Person | <u>Chicago, IL 60606</u> | Person | <u>Chicago, IL 60606</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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.

Vanessa C. Lew
 Signature of an authorized person

Vanessa Lew
 Typed or printed name of signee

Delaware


Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RAR2 - LAKE HOUSE OWNER, 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 SECOND DAY OF AUGUST, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

6945672 8300

SR# 20223155877

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204066318

Date: 08-02-22