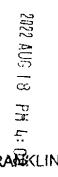
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

	nue of the Stars, Suite 395 g Address) les, CA 90067
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605 0905, F.S. to determine penalty liability) 1901 Avenue of the Stars. Suite 395 treet Address of Principal Office) Los Angeles, CA 90067 (FEI number, if applicable) (FEI number, if applicable) (FEI number, if applicable) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605 0905, F.S. to determine penalty liability) 1901 Avenue of the Stars, Suite 395 (Mailing Address) Los Angeles, CA 90067	nue of the Stars, Suite 395 g Address) les, CA 90067
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605 0905, F.S. to determine penalty liability) 1901 Avenue of the Stars. Suite 395 treet Address of Principal Office) Los Angeles, CA 90067 Los Angeles, CA 90067	nue of the Stars, Suite 395 g Address) les, CA 90067
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Name:	3
155 Office Plaza Drive. Suite A	
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(City) (Zip code)	(Zin code)

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: Name and Address: Name: Bradley C. Martinson Name: ___ Standard Southport Portfolio LLC □ Manager □Manager **■** Member Address: □Member Address: 1901 Avenue of the Stars, Suite 395 1901 Avenue of the Stars, Suite 395 □ Authorized ■ Authorized Los Angeles, CA 90067 Los Angeles, CA 90067 Person Person □Other_ □Other_____ Other__ □Other____ Keith Dragoon □Manager □Manager Name: □Member □Member Address: 1901 Avenue of the Stars, Suite 395 ■ Authorized □ Authorized Los Angeles, CA 90067 Person Person □Other □Other____ □Other Other____ □ Manager Name: _____ □Manager Name: Address: □Member □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. Signature of an authorized person

Typed or printed name of signee

Bradley C. Martinson, Authorized Person

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STANDARD JACKSON HEIGHTS MANAGER 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 SEVENTEENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STANDARD JACKSON HEIGHTS MANAGER LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2021.

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

2022 JUL 18 PH 4: 30



Authentication: 204185925

Date: 08-17-22

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