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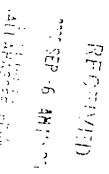
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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S. ROBERTS
SEP - 6 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

09/06/2022

D	Date:09/06/2022
	Acc#120160000072
Name:	IMT CAPITAL VI LAKE MARY LLC
Document #:	
Order #:	14519695
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Availability	Certified:
Examiner Updater Verifier W.P. Verifier Ref#	

Thank you!

COVER LETTER

TO:

Registration Section

UBJECT:	MT Capital VI Lake Mary LLC	
	Name	e of Limited Liability Company
he enclosed "/ xistence, and (Application by Foreign Limited Liability (check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor
ease return al	I correspondence concerning this matter to	o the following:
	Mark D. Patton	
		Name of Person
	Lewis Roca	
		Firm/Company
	One South Church, Suite 2000	
		Address
	Tucson, Arizona 85701	
	С	ity/State and Zip Code
	mpatton@lewisroca.com	
	E-mail address: (to be	used for future annual report notification)
or further info	ormation concerning this matter, please cal	II:
Mark	D. Patton	at () 629-4456 Area Code Daytime Telephone Number
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
_	ion of Corporations	Division of Corporations
	Box 6327	The Centre of Tallahassee
Talla	hassee, FL 32314	2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303
	sed is a check for the following amount:	
	make check payable to: FLORIDA DEP 25.00 Filing Fee \$130.00 Filing Fe Certificate o	e & 🔲 \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

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:

(If name unavailable, enter alternate)	name adopted for the purpose of transacting busine	ss in Florida The	alternate name must include "Limited Liabilities	ty Company," "L.	L.C," or "Et	LC ")
Delaware						•
•	high foreign limited liability company is organized	3.	(FEI number, it	Constitution of the consti		
(Substitute talker the law of w	men toreign immeet naomity company is organized	••	(FEI BURDEL, H	аррисавист		
4	(Date first transacted business in Florida, if n	mor to registratio	n)	_		
	(Date first transacted business in Florida, if p (See sections 605,0904 & 605 0905, F.S. to 6	determine penalty	liability)			
15303 Ventura Boulev	ard, Suite 200	6	15303 Ventura Boulevard, Suit			
5. (Street Address of Principal Office)		0.	(Mailing Address)			
Sherman Oaks, Califor	nia 91403		Sherman Oaks, California 9140	13		
					7022 SEP	
						!
7. Name and street address	ss of Florida registered agent: (P.O.	Box <u>NOT</u>	acceptable)		9	- 1
Name:	CT Corporation System			-	AH 9:	
Office Address:	1200 South Pine Island Road			ş T	ω (π	
	Plantation		33324			
	(City)		, Florida(Zip code)	_		
designated in this applica to comply with the provisi	stance: rgistered agent and to accept servication, I hereby accept the appointmitions of all statutes relative to the properties of my position as registered agent CT Corporation System	ent as regisi roper and co t.	ered agent and agree to act in t	his capacity. es, and I am	I furth	er agree
	(Registered a	igent'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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Cory Thabit	■Manager	Name: John M. Tesoriero
□Member	Address: 15303 Ventura Boulevard	□Member	Address: 15303 Ventura Boulevard
□Authorized	Suite 200	□Authorized	Suite 200
Person	Sherman Oaks, California 91403	Person	Sherman Oaks, California 91403
□Other	Other	Other	Other
■Manager	Name: Bryan Scher	ДManager	Name: Michael Browne
□Member	Address: 15303 Ventura Boulevard	□Member	Address: 15303 Ventura Boulevard
□Authorized	Suite 200	□Authorized	Suite 200
Person	Sherman Oaks, California 91403	Person	Sherman Oaks, California 91403
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	7	□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. 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.

- pl	(17)	
	Signature of an authorized person	
Mark D. Patton		
	Lyped or printed name of signee	

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "IMT CAPITAL VI LAKE MARY 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 SIXTH DAY OF SEPTEMBER, A.D. 2022.

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



Jamrey W. Budlock, Secretary of State

Authentication: 204319077