

8/11/22, 4:54 PM

Division of Corporations

M22000014212

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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
AIREX Portfolio IV Master Tenant LLC**

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

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Corporate Filing Menu

Help

S. ROBERTS

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. AIREX Portfolio IV Master Tenant 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. 47-1818255

(FEI number, if applicable)

4. 02-11-2022

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

5. 1200 17th St Ste 2900

(Street Address of Principal Office)

6. 1200 17th St Ste 2900

(Mailing Address)

Denver CO 80202

Denver CO 80202

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

(City)

, Florida

33324

(Zip code)

2022 AUG 11 AM 9:14

2022 AUG 11 AM 9:14

2022 AUG 11 AM 9:14

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.

C T Corporation System

By: Sandra Zwijack, Assistant Secretary

(Registered agent's signature)

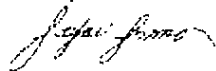
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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>Stefanie Sommers</u>	<input type="checkbox"/> Manager	Name: <u>Alisia Kemper</u>
<input type="checkbox"/> Member	Address: <u>1200 17th St Ste 2900</u>	<input type="checkbox"/> Member	Address: <u>1200 17th St Ste 2900</u>
<input checked="" type="checkbox"/> Authorized	<u>Denver CO 80202</u>	<input checked="" type="checkbox"/> Authorized	<u>Denver CO 80202</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Jackie Hawkey</u>	<input type="checkbox"/> Manager	Name: <u>Scott Hopkins</u>
<input type="checkbox"/> Member	Address: <u>1200 17th St Ste 2900</u>	<input type="checkbox"/> Member	Address: <u>1200 17th St Ste 2900</u>
<input checked="" type="checkbox"/> Authorized	<u>Denver CO 80202</u>	<input checked="" type="checkbox"/> Authorized	<u>Denver CO 80202</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Cory Hopkins</u>	<input type="checkbox"/> Manager	Name: <u>Enoch Hayase</u>
<input type="checkbox"/> Member	Address: <u>1200 17th St Ste 2900</u>	<input type="checkbox"/> Member	Address: <u>1200 17th St Ste 2900</u>
<input checked="" type="checkbox"/> Authorized	<u>Denver CO 80202</u>	<input checked="" type="checkbox"/> Authorized	<u>Denver CO 80202</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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

Stefanie Sommers

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 "AIREX PORTFOLIO IV MASTER TENANT 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 ELEVENTH DAY OF AUGUST, A.D. 2022.

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



6531681 8300

SR# 20223243271

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

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

Authentication: 204143831

Date: 08-11-22