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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

Phone : (845)425-007/ Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail Address:	

Foreign Limited Liability Company Exchange TIC III Owner LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2002 NOVELT FR 1:5

To: FL DIVISION OF CORPORATIONS

18886118813

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

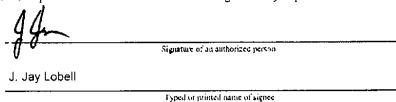
IN COMPLIANCE WITH SECTION (415.0402, FLORIDA STATUTES, THE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	TIE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIAB	ILITY'
Exchange TI	TIC III Owner LLC	
(Name of Foreign Limited Linbility Company; must include "Limi	innited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, oner alternate name adopted for the purpose of transacting business in	ss in Florida. The alternate name tims) methode "Tamifed Liability Company," "L.L.C." or "LLC.")	
2. Delaware	3.	
(Au selection under the law of which foreign limited liability company is organized)	(FEl number, if applicable)	1 *** *
. 11/16/22		
4. (Date first transacted business in Florida, if prior (See sections 600,0904 & 600,0905, F.S. to detail	what to regulation; determine penalty liability)	
(Pri	
5. C/O JSB Capital Group (Stree: Address of Principal Office)	6. C/o JSB Capital Group (Mailing Address)	
	2050 Owner Lelia Drive Cuita 440	
1674 Meridian Avenue, Suite 401	2850 Quarry Lake Drive, Suite 140	,
Miami, FL 33139	Baltimore, Maryland 21209	٠.
7. Name and street address of Florida registered agent: (P.O. Bo	Box NOT acceptable)	
Name: Vcorp Services, LLC		
	· · · · · · · · · · · · · · · · · · ·	
Office Address: 1200 South Pine Island Ro	Road	
Plantation	22224	
(City)	, Florida <u>33324</u> (Zip code)	
Registered agent's acceptance:		
Having been named as registered agent and to accept service of	e of process for the above stated limited liability company at the pla ent as registered agent and agree to act in this capacity. I further a	CC oree
to comply with the provisions of all statutes relative to the prop and accept the obligations of my position as registered agent.	roper and complete performance of my duties, and I am familiar wi	th
Miriam Na	Pachison	
(Registered agent	yen's signutue)	

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: J. Jay Lobell	□Manager	Name:	<u> </u>
□Member	Address: 2850 Quarry Lake Drive, Suite 140	□Member	Address:	
X Authorized	Baltimore, Maryland 21209	□Authorized		
Person		Person		
□ Other	□Other	□Other		□Other
			•	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		نت.
Person		Person		2.221.112
Other	□Other	Other		Other
:				Pli
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	<u>σ</u>
□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. 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 8.817.155, F.S.



elaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXCHANGE TIC III 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXCHANGE TIC III OWNER LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2022.

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

7139714 8300

SR# 20224043435

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

Authentication: 204881179

Date: 11-17-22