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Account Number : 120080000067 Phone

: (845)425-0077

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.

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Foreign Limited Liability Company Exchange TIC IX Owner LLC

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

Page: 2 of 4

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

N. COMPLIANE WITH SECTION WILLIAMS FLORIDGE STATE OF FLORIDGE. Exchange TIC IX Owner LLC. [Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC." or "LLC.") [Partic markfulds, our effortune time adopted for the purpose of temestring basis on Plands. The advances times must include "Limited Liability Company," "LLC." or "LLC.") [Partic markfulds, our effortune time adopted for the purpose of temestring basis on Plands. The advances times must include "Limited Liability Company," "LLC." or "LLC.") [Partic first inconnected basiness on Florida. If you've to regarded. [Partic first inconnected basiness on Florida. If you've to regarded. [Partic first inconnected basiness on Florida. If you've to regarded. [Partic first inconnected basiness on Florida. If you've to regarded. [Partic first inconnected basiness on Florida. If you've to regarded. [Partic first inconnected basiness on Florida. If you've to regarded. [Partic first inconnected basiness on Florida. If you've to regarded. [Partic first inconnected basiness on Florida. If you've to regarded. [Partic first inconnected basiness on Florida. If you've to regarded. [Partic first inconnected basiness on Florida. If you've to regarded. [Partic first inconnected basiness on Florida. If you've to regarded. [Partic first inconnected basiness on Florida. If you've to regarded. [Partic first inconnected basiness. [Partic first inconnected basiness. In Florida. [Partic first inconnected				
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The date the law of which focus lamited leability company is or sanised) 11/16/22 (Total this transacted beames in Phridic, If pile to replaination) (See sections 600,0944 & 600,0945, E.S. to determine printity leability) (C/O JSB Capital Group (Valing Address) 1674 Meridian Avenue, Suite 401 2850 Quarry Lake Drive, Suite 140 Miami, FL 33139 Baltimore, Maryland 21209 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Vcorp Services, LLC Office Address: 1200 South Pine Island Road Plantation , Florida 33324 (Option of the above stated limited liability company at the place estignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agent 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 ubligations of my position as registered agent. Wiriam Nachiaon	hante unavallable, ether atternate to	иние моряец for the раграме от папазатих ответем иг ис	uida. The anothere traine must mentile Transica Chibinty Court	my, price, or electry
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Miriam Nachison			and complete performance of my duties, and	d I am familiar _, with
	nd accept the obligation.	s of my position as registered agent.		
(Registered agent's signature)		Miriam Nac	hison	

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:	
□Member	Address: 2850 Quarry Lake Drive, Suite 140			
⊠ Authorized	Baltimore, Maryland 21209	□Authorized		
: Person	·	Person		
Other	□Other	□Other		□Other
				. •
□Manager	Name:	□Manager	Name:	~~
□Member	Address:	□Member	Address:	2572
□Authorized		□Authorized		· .
Person		Person		
□Other	Other	Other		□Other
· · · · · · · · · · · · · · · · · · ·	, etc.			(3) (2)
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	 	□Authorized		
Person	_,	Person		
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.

J. Jay Lobell

Fyped or printed name of signee

Delaware The First State

JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXCHANGE TIC IX 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 IX 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.

Authentication: 204881234

Date: 11-17-22

7139649 8300 SR# 20224043493

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