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K. Bumpay

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 24678/I 4304492

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : December 14, 2022

ORDER TIME : 9:46 AM

ORDER NO. : 246781-005

CUSTOMER NO: 4304492

\_\_\_\_\_\_

#### FOREIGN FILINGS

NAME: DELRAY C201 TITLEHOLDER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

#### COVER LETTER

TO:

Registration Section

Div	ision of Corporations	
SUBJECT:	Delray C201 Titleholder, LLC	
000000000	Nam	c of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please returr	all correspondence concerning this matter t	o the following:
	Chris Galvanauskas	
		Name of Person
	DLA Piper LLP (US)	
		Firm/Company
	444 W. Lake St., Suite 900	
		Address
	Chicago, IL 60606	
	C	City/State and Zip Code
	chris.galvanauskas@us.dlapiper.cor	n
	E-mail address: (to be	used for future annual report notification)
For further is	nformation concerning this matter, please cal	II:
Ch	ris Galvanauskas	312 368-3406  at ()  Area Code Daytime Telephone Number
-	Name of Contact Person	Area Code Daytime Telephone Number
Re	iling Address: gistration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEP 0125.00 Filing Fee	

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

IN COMPLIANCE WITH SECTION (08/1902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED DABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alterimte	name adopted for the purpose of transacting business in Flor	nda. The alternate name must include "Limited Liability	y Company," "E. L. C." or "I,LC
Delaware		_	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FE) number, if	applicable)
	(Date first transacted business in Florida, if prior to re	distribution )	_
	(See sections 605 0904 & 605 0905, F.S.) to determine	penulty liability)	
303 W. Madison St.,	Suite 1500	303 W. Madison St., Suite 15	500
reet Address of Principal Office)		6. (Mailing Address)	
Chicago, IL 60606		Chicago, IL 60606	
Name and street address	ss of Florida registered agent: (P.O. Box.)	NOT accentable)	2022
Traine and street addies	20 or forma registered agent. (1.0. 30x	no paccepiaote)	E P
	Corporation Service Company		- 34 <b>- 2</b>
Name:			<u> </u>
	1201 Hays Street		P
Office Address:		<del></del>	
	Tallahassee	32301	5
	(Cny)	, Florida(Zip code)	0
	·,·		

Ву:

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: Title or Capacity: Name and Address: Name and Address: Marnie C. Helfand Mark K. Engel □Manager □ Manager 303 W. Madison St., Suite 1500 303 W. Madison St., Suite 1500 ☐ Member Address: □Member Address: Chicago, IL 60606 Chicago, IL 60606 [] Authorized □ Authorized Person Person Vice President Secretary Vice President Assistant Treasurer **■**Other ■Other Braden L. Rudolph Andrew C. Alexander □Manager □Manager 303 W. Madison St., Suite 1500 380 Park Place Blvd , Suite 225 □ Member □Member Address: Address: Chicago, IL 60606 Clearwater, FL 33759 ☐ Authorized □ Authorized Person Person Vice Chairman Vice President ■Other\_ □Other Other\_\_\_\_\_ Timothy M. Holic GCP REIT V Senior Holding, LLC □Manager □Manager 380 Park Place Blvd., Suite 225 303 W. Madison St., Suite 1500 ☐ Member Address: ■ Member Address: Clearwater, FL 33759 Chicago, IL 60606 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. 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 Mark K. Engel

Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DELRAY C201 TITLEHOLDER, 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 FOURTEENTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DELRAY C201
TITLEHOLDER, LLC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D.
2022.

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



Authentication: 205099836

Jeffrey W. Buflock, Secretary of State

Date: 12-14-22