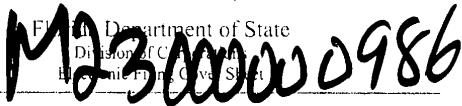
12/15/22, 2.35 PM

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: ____bkramer@aresmgmt.com

Foreign Limited Liability Company

AIREIT County Line Corporate Park II LLC

Certificate of Status	0
Certified Copy	1
Page Count	()-4
Estimated Charge	\$155.00

please use orginal filing submission date of 12/15/2023

Electronic Filing Menu — Corporate Filing Menu

Help

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

IN COMPLANCE WITH SECTION 865,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LABILITY

	Corporate Park If LLC Timited Fiability Company: must include Timited	d Liability Company," "I	J.C. 6 TJ.C.	_
	name adopted for the purpose of transacting business in El			W () ()
Delaware	name adopted for me purpose or massacing business in F1			
thursdiction under the law of a	which interest limited hability company is organized)	3.	skill number, st applicable)	
December 15, 2022				. 1
	Clate first massacred by small confidence of French Liptor to (See Sections 105 0904 & 605 09 15, E.S. to determine	regestedient) are prinche hability)	•	-71
1200 17th Street Suite 2900		1200 17th S	treet Suite 2900	
eel Address of Principal Ciffice)		(Mahnu)	Address	?
Denver CO 80202		Denver CO	80202	2:15
Name and street addre	ss of Florida registered agent (P.O. Box	NOT acceptable)		
Name:	C T Corporation System			
Name: Office Address.	C T Corporation System 1200 South Pine Island Road			
		Flor	33324 rida	

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 Kaity Toon, Asst Sec (Registered agent 5 signature)

Tο

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]

litle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
_Manager	Name. AIREIT Operating PartnershipLP	_ Manager	Name. Jonathan Linker	
■ Member	Address: 1200 17th St Suite 2000	_Member	Address: 1200 17th St Suite 2900	
_ Authorized	Denver CO 80202	■ Authorized	Denver CO 80202	
Person		Person		
Other		[]Other	Other	
□ Manager	Name: Sara Butz	☐ Manager	Name: Alicia Kemper	
_ Rianager		Nanager	Nume.	
□ Member	Address: 1200 17th St Suite 2900	☐ Member	Address. 1200 17th St Suite 2900	
Authorized	Denver CO 80202	* Authorized	Denver CO 80202	
Person		Person	<u> </u>	
Other	Other	□Other	Z Other	
_ Manager	Name:	□ Manag e r	Name: Scott Seager	
Member	Address: 1200 17th St Suite 2900	- Member	Address:1200 17th St Suite 2900	
E Authorized	Denver CO 80202	 Authorized	Denver CO 80202	
Person		Person		
Other	()ther	TOther	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 Statistes, 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 \$ 817-155, F.S.

A. T.		
	Signature of an authorized person	
Jonathan Linker, Assista	nt Secretary and Principal	
	Typed or printed name of signer	

To:



Page 1

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

DELAWARE, DO HEREBY CERTIFY "AIREIT COUNTY LINE CORPORATE PARK II

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 FIFTEENTH DAY OF DECEMBER, A.D. 2022.

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





Authentication: 205104259

Date: 12-15-22

7189215 8300 SR# 20224277570