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(City/State/Zip/Phone #)

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(Business Entity Name)

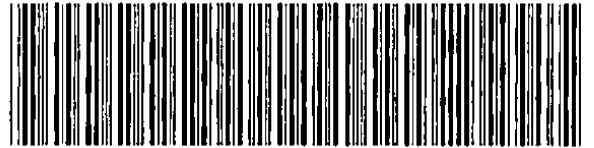
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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FEB - 2 2023
K. Brumby

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 02/02/2023

Acc#I20160000072

Ann Izzie

Name:	Hines Acquisitions LLC
Document #:	
Order #:	14756604

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Email Address for Annual Report Noti

ann.izzi@hines.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 155.00

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hines Acquisitions LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor

Please return all correspondence concerning this matter to the following:

Ann Izzì

Name of Person

Hines

Firm/Company

845 Texas Avenue, Suite 3300

Address

Houston, TX 77002

City/State and Zip Code

ann.izzi@hines.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Izzì

713-

966-7688

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hines Acquisitions 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.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

845 Texas Avenue

5. (Street Address of Principal Office)

Suite 3300

Houston, TX 77002

845 Texas Avenue

6. (Mailing Address)

Suite 3300

Houston, TX 77002

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)

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.

By: Mark Holloway C T Corporation System
(Registered agent's signature) Mark Holloway, Asst. Secretary

AND
FILED
2023 FEB - 2 PM 3:00

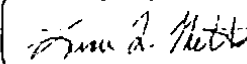
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Lisa Q. Metts</u>	<input type="checkbox"/> Manager	Name: <u>Jeffrey C. Hines</u>
<input type="checkbox"/> Member	Address: <u>845 Texas Avenue</u>	<input type="checkbox"/> Member	Address: <u>845 Texas Avenue</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 3300</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 3300</u>
Person	<u>Houston, TX 77002</u>	Person	<u>Houston, TX 77002</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Keith Montgomery</u>	 <input type="checkbox"/> Manager	Name: <u>Walter O'Shea</u>
<input type="checkbox"/> Member	Address: <u>845 Texas Avenue</u>	<input type="checkbox"/> Member	Address: <u>11512 Lake Mead Avenue</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 3300</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 603</u>
Person	<u>Houston, TX 77002</u>	Person	<u>Jacksonville, FL 32256</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Steve Luthman</u>	 <input type="checkbox"/> Manager	Name: <u>Michael Harrison</u>
<input type="checkbox"/> Member	Address: <u>11512 Lake Mead Avenue</u>	<input type="checkbox"/> Member	Address: <u>11512 Lake Mead Avenue</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 603</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 603</u>
Person	<u>Jacksonville, FL 32256</u>	Person	<u>Jacksonville, FL 32256</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 s.817.155, F.S.

DocuSigned by:

 7B96C1DF7C92460
 Signature of an authorized person

Lisa Q. Metts, Authorized Person

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HINES ACQUISITIONS 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 SECOND DAY OF FEBRUARY, A.D. 2023.

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



6251497 8300

SR# 20230346750

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.

Authentication: 202628642

Date: 02-02-23