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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

Foreign Limited Liability Company
WYNWOOD BN II, LLC

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

2023 FEB 2 11:53

2023 FEB 2 11:11

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S. FRANKLIN
FEB 03 2023
Help

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

IN COMPLIANCE WITH SECTION 605.094, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 WYNWOOD BN II, LLC
(Name of Foreign Limited Liability Company; if last 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 (FBI number, if applicable)

4 (Date first transacted business in Florida, if prior to registration; see sections 605.094 & 605.095, F.S. to determine penalty liability)

5 (Street Address of principal office) 6 (Mailing Address)
830 B Street, Suite 2050 830 B Street, Suite 2050
San Diego, CA, 92101 San Diego, CA, 92101

7 Name and street address of Florida registered agent (P.O. Box NOT acceptable)
Name: LEGALINC CORPORATE SERVICES INC
Office Address: 476 Riverside Ave.
Jacksonville, Florida 32202
(City) (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.

(Registered agent's signature)

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

Title or Capacity: Name and Address:

Manager Name, CREC Capital Management, LLC
 Member Address 530 B St., Ste 2050
San Diego, CA, 92101
 Authorized
Person Trevor Smith
 Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name, _____
 Member Address _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name _____
 Member Address _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name _____
 Member Address _____
 Authorized _____
Person _____
 Other _____ Other _____

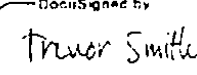
Manager Name _____
 Member Address _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name _____
 Member Address _____
 Authorized _____
Person _____
 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 s 817.155, F.S.

DocuSigned by


Signature of an authorized person

Trevor Smith, as Authorized Representative

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WYNWOOD BN 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 FIRST DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WYNWOOD BN II, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2023.

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

2023-01-23 11:17



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20230327418

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

Authentication: 202618245

Date: 02-01-23