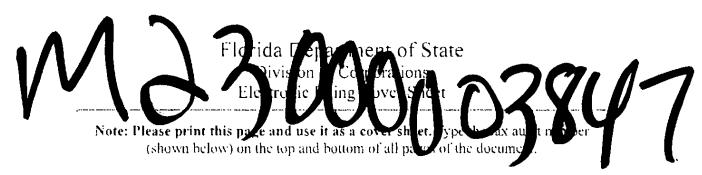
Page: 3 of 6 Ta: 2023-03-24 10:06:30 EDT 15185141282 From: Jennifer Carey



(((H23000112125 3)))



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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: legal@nexpoint.com

Foreign Limited Liability Company NREA SB I Corporex Leaseco, LLC

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Help

To:

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

NREA SB LCc	orporex Leaseco, LLC			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability	Company, "L.L.C.," or "LLC")	
				(1 1 2' M 1 2'
	name adopted for the purpose of transacting business in Flo	Pressa II e pr	genade name must metrice "Tamiten Etatopis Company	i, "I,I.X., 04"I.II, 1
Delaware		3	Thil wholser of applicable	
Unrisdiction under the law of w	hich foreign handed hability company is organized,	•	(Fill withher of applicable	1
Upon registration				
-	(Dele fast transcated business of Llocals, it prior to a (See sections 605-6904 & 665-6905, f. S. to determine	egistiatusi ne penalts fi	ability)	
300 Croscont Court.	Suite 700	6	300 Crescent Court, Suite 700	<u> </u>
reet Address of Principal (Ittico)		٠ _	(Mailing Address)	
Dallas, TX 75201			Dallas, TX 75201	• *
		_		\ <u>\</u>
				- 4
		_		; 5
Name and street address	ss of Florida registered agent (P.O. Box	NOT ac	ceptable)	
Name.	C T Corporation System			
Office Address	1200 South Pine Island Road			
	Plantation		33324 , Florida	
	(Cay)		(Zip code)	
esignated in this applica comply with the provise	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	register	ed agent and agree to act in this capa	city. I further a
an accept the omigunou.	C T Corporation System			
	By: (s/ Sandra Zwijack, Assistant Sec			

(Registered agent's signature)

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. Brian Mitts	_Manager	Name: Matt McGraner		
□Member	Address: 300 Crescent Ct, Ste 700	□Member	Address		
■ Authorized	Dallas, TX 75201	Ξ Authorized	Dallas, TX 75201		
Person		Person			
_ Other	Other	∐Othei	Other		
∏Manager	Name: NREA SB (Holdings, LLC	□ Manager	Name:		
I Member	Address: 300 Crescent Ct. Stc 700	□Member	Address:		
- Authorized	Dallas, TX 75201	— Authorized			
Person		Person			
□ Other	Other	□Other	 Other		
			1 7		
□ Manager	Name:	Manager	Name		
- Member	Address:	- _{Member}	Address:		
Authorized		_ Authorized			
Person		Person			
()ther	Other	70ther	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)

ın). This document is executed in accordance with section 605-0203 (1) (b), Florida Statutes. I am aware that any	false inform	ation
	deprised in a document to the Department of State constitutes a the degree fellow, as provided for in \$ 817.155		

Signature of an authorized person **Brian Mitts**

Expedice pointed name of signer



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NREA SB I CORPOREX LEASECO, 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 TWENTY-THIRD DAY OF MARCH, A.D. 2023.

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

Authentication: 202985118

Date: 03-23-23

:= `