(Requestor's Name)	_
(Address)	_
(Address)	_
(riddicus)	
	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Servines dopies	_
	_
Special Instructions to Filing Officer:	
	l
	- [
	١
	-

Office Use Only

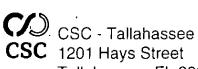


200410165752

2023 JUN 20 PM 6: 58

RECEIVED

308 20 2023 .C Brumblay



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 06/20/23 Order #: 1227137-1

Re: Four Quarters Lessee, LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195

AUTH:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Four Quarters Lessee,	LLC					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Cor	iipany," "L. L.C.," or	"LLC.")		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida The altern	uate name must include '	Limited Liability Co	ompany," "L.L.C	or "LLC.")
2. Delaware (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	93-1925029	(FEI number, if app	licable)	
4. Upon qualification	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liabil	ity)			
5. 4825 S Ulster St., Sui (Street Address of Principal Office)	te 1700	6	(Mailing Address)			
Denver, CO 80237						
7. Name and street addres	ss of Florida registered agent: (P.O. Box		ptable)	;	3623 JUN	<del>.</del>
Name:	Corporation Service Company		_ <del></del>		20 PH	AND
Office Address:	1201 Hays Street		<del></del>	,	25 25 25 25 25 25 25 25 25 25 25 25 25 2	<del>c</del> :
	Tallahassee (City)		323 Florida	ip code)		
	(Cuy)		(Σ	ip couc)		

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.

Corporation Service Company

By: Weilard - Sirenson, Arg

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 Capacit	<u>tv:</u>	Name and Address:
■Manager	Name: Maeril, Inc.	□Manager	Name:	
⊒Member	Address: 4582 S. Ulster St.	□Member	Address:	
∃Authorized	Suite 1700	□Authorized		
Person	Denver, CO 80237	Person		
Other	□Other	□Other		Other
]Manager	Name:	□Manager	Name:	
2Member	Address:	□Member	Address: _	
Authorized		□Authorized		
Person		Person		
Other	Other	□Other	<del></del>	□Other
]Manager	Name:	□Manager	Name:	
Member	Address:	□Member	Address:	<u>,, _</u>
Authorized		□Authorized		
Person		Person		
Other	Other	□Other		□Other
mportant Notice: Undexed individuals  O. Attached is a certiurisdiction under the	se an attachment to report more than six (6) may be added to the index when filing your ficate of existence, no more than 90 days of a law of which it is organized. (If the certificate submitted)	Florida Department of St d. duly authenticated by t	ate Annual Rep he official havi	oort form. ng custody of records in

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.

/s/ Danielle Liberman
Signature of an authorized person

Danielle Liberman, Authorized Representative

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "FOUR QUARTERS LESSEE, 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 TWENTIETH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOUR QUARTERS LESSEE, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2023.

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



Authentication: 203577917

Date: 06-20-23