

M230000008767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

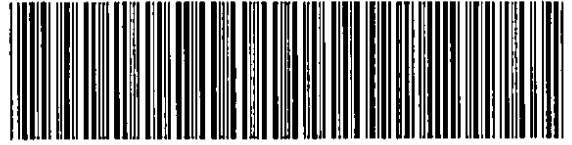
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100406662491

RECEIVED
2023 JUL -7 PM 3:18
CLERK OF COURT
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED
2023 JUL -7 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 08 2023

K. Brumby

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 858903 4307052

AUTHORIZATION

COST LIMIT : \$125.00

ORDER DATE : July 7, 2023

ORDER TIME : 1:17 PM

ORDER NO. : 858903-005

CUSTOMER NO: 4307052

FOREIGN FILINGS

NAME: TR SFL GATEWAY III RETAIL
OWNER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TR SFL GATEWAY III RETAIL OWNER LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MARGARET C. DIVITO

Name of Person

NIXON PEABODY LLP

Firm/Company

70 W. MADISON ST. STE. 5200

Address

CHICAGO, IL 60602-4378

City/State and Zip Code

MCDIVITO@NIXONPEABODY.COM

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

For further information concerning this matter, please call:

MARGARET C. DIVITO

312

977-9259

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 &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TR SFL GATEWAY III RETAIL OWNER 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)

UPON QUALIFICATION

4.

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

300 SOUTH TRYON STREET, SUITE 2500

5.

(Street Address of Principal Office)

6.

(Mailing Address)

CHARLOTTE, NC 28202

ATTN: CORPORATE REAL ESTATE

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

CORPORATION SERVICE COMPANY

Office Address:

1201 HAYES STREET

TALLAHASSEE

(City)

. Florida

32301

(Zip code)

2023 JUL - 7 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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 Allyson Sorenson, MVP
CORPORATION SERVICE COMPANY
(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]: ****SEE ATTACHED****

<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: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input checked="" type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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.

SFL GATEWAY III JV LLC, Sole Member
By: TR SOUTH FLORIDA GATEWAY LLC, Manager
By: BARINGS LLC, Manager By: _____

Signature of an authorized person



Cassie McCrain

Typed or printed name of signer

ATTACHMENT TO
FLORIDA APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY
FOR AUTHORITY TO TRANSACT BUSINESS IN FLORIDA
TR SFL GATEWAY III RETAIL OWNER LLC

8. List names, title or capacity and addresses of the primary members/managers or persons authorized to manage:

<i>Title or Capacity</i>	<i>Name</i>	<i>Address</i>
Member	SFL Gateway III JV LLC	300 South Tryon Street, Suite 2500, Charlotte, NC 28202
Authorized Person	Elena Walsh	300 South Tryon Street, Suite 2500, Charlotte, NC 28202
Authorized Person	Cassie McCrain	300 South Tryon Street, Suite 2500, Charlotte, NC 28202
Authorized Person	Mark Freeman	300 South Tryon Street, Suite 2500, Charlotte, NC 28202
Authorized Person	Christopher Cassella	300 South Tryon Street, Suite 2500, Charlotte, NC 28202
Authorized Person	Kevin Miller	300 South Tryon Street, Suite 2500, Charlotte, NC 28202
Authorized Person	Payton Larson	300 South Tryon Street, Suite 2500, Charlotte, NC 28202

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TR SFL GATEWAY III RETAIL OWNER 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-SIXTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TR SFL GATEWAY III RETAIL OWNER LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2023.

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



7526399 8300

SR# 20232857662

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203627130

Date: 06-26-23