

10/2/23, 10:13 AM

Division of Corporations

## Florida Department of State

Division of Corporations  
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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: LEGREEN@ARESMGMT.COM

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2023 OCT -2 PM 10:29

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**Foreign Limited Liability Company**  
**ADREX Diversified 4 Master Tenant LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

2023 OCT -2 PM 2:45  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL**FILED**[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

**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. ADREX Diversified 4 Master Tenant 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 3. 20-2675640  
(Jurisdiction under the law of which foreign limited liability company is organized) (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.)

5. 2000 Avenue of the Stars 6. 2000 Avenue of the Stars  
(Street Address of Principal Office) (Mailing Address)

12th Floor 12th Floor  
Los Angeles, CA 90067 Los Angeles, CA 90067

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 33324  
(City) Florida (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.*

C T Corporation System  
By: /s/ Sandra Zwijack, Assistant Secretary  
(Registered agent's signature)

**FILED**  
2023 OCT -2 PM 2:45  
CLERK OF DISTRICT COURT  
TALLAHASSEE FL

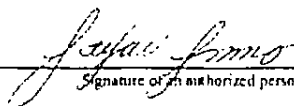
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>ADREX Master Tenant LLC</u>	<input type="checkbox"/> Manager	Name: <u>Stefanie Sommers</u>
<input type="checkbox"/> Member	Address: <u>2000 Avenue of the Stars</u>	<input type="checkbox"/> Member	Address: <u>2000 Avenue of the Stars</u>
<input type="checkbox"/> Authorized	<u>12th Floor</u>	<input checked="" type="checkbox"/> Authorized	<u>12th Floor</u>
Person	<u>Los Angeles, CA 90067</u>	Person	<u>Los Angeles, CA 90067</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Andrea Karp</u>	<input type="checkbox"/> Manager	Name: <u>Enoch Hayase</u>
<input type="checkbox"/> Member	Address: <u>2000 Avenue of the Stars</u>	<input type="checkbox"/> Member	Address: <u>2000 Avenue of the Stars</u>
<input checked="" type="checkbox"/> Authorized	<u>12th Floor</u>	<input checked="" type="checkbox"/> Authorized	<u>12th Floor</u>
Person	<u>Los Angeles, CA 90067</u>	Person	<u>Los Angeles, CA 90067</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Melissa Barrett</u>	<input type="checkbox"/> Manager	Name: <u>Pat Ragin</u>
<input type="checkbox"/> Member	Address: <u>2000 Avenue of the Stars</u>	<input type="checkbox"/> Member	Address: <u>2000 Avenue of the Stars</u>
<input checked="" type="checkbox"/> Authorized	<u>12th Floor</u>	<input checked="" type="checkbox"/> Authorized	<u>12th Floor</u>
Person	<u>Los Angeles, CA 90067</u>	Person	<u>Los Angeles, CA 90067</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.

  
 \_\_\_\_\_  
 Stefanie Sommers, Authorized Person  
 \_\_\_\_\_  
 Typed or printed name of signer

**ADREX DIVERSIFIED 4 MASTER TENANT LLC****ATTACHMENT TO APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

## Continued – List of Officers:

Name: Scott Hopkins  
Address: 2000 Avenue of the Stars  
12<sup>th</sup> Floor  
Los Angeles, CA 90067  
Title: Authorized Person

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "ADREX DIVERSIFIED 4 MASTER TENANT 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-NINTH DAY OF SEPTEMBER, A.D.  
2023.

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



7448497 8300

SR# 20233617651

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JB", is 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: 204277753

Date: 09-29-23