To: Page: 2 of 5 2023-10-27 09:56:33 CST 12122023573 From: David Thomas

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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.

mail Address:	Stacy.weiner@carlyle.com

Foreign Limited Liability Company CPR/AR PROSE PLANT CITY OWNER LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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

	JTION 605.0902, FLORIDA STATUTES, THE FO USINESS INTHE STATE OF FLORIDA:	DLLQW1.	ING IS SURMITTED TO REGISTER A FORFIGN LIMITED LIABILITY			
CRP/AR Prose Plant C						
(Name of Foreign	Limited Liability Company; must include "Limited	I Liability	y Company, ""T.L.C.," or "LLC.")			
(If name unavailable, cizer alternate	turne adopted for the purpose of transacting brasiness in Fig.	orida The	oftennate name must arclade "Limited Liability Company," "L L.C," or "LL.C.")			
Delaware		_				
2. (Arrisdiction under the law of which foreign limited flability company is organized)		3.	(F1:1 number, if applicable)			
4						
	(Date first transacted business in Florida, if prior to r (See sections 604 0504 & 605,0905, F.S. to determin	ne penalty	liabī,n3)			
1001 Pennsylvania Ave., NW Ste 220 South			1001 Pennsylvania Ave., NW Stc 220 South			
(Street Address of Principal Office)		o.	(Mailing Address)			
Washington, DC 20004	4		Washington, DC 20004			
			pp this desired the second sec			

7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	ecceptable)			
Name:	C T Corporation System					
rame.			THE COLUMN TO TH			
Office Address:	1200 South Pine Island Road					
Plantation (City)			, Florida			
	(Cn))		(vab code;			
Registered agent's accep			for the above stated limited liability company at the place			
			for the above stated timiled that this capacity. I further agree			
to comply with the provisi	ons of all statutes relative to the proper o		implete performance of my duties, and I am familiar with			
ота вссерь те оопданов:	s of my position as registered agent. CT Corporation System					
F	by: Kathryn Wisdoes- Assistant Se	creta:	ry			
	(Kagistered agent's si		Marie 1			

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 Canacity:		Name and Address:
ШМалаger	Name: CRP/AR Prose Plant City Venture, L.L.C	□Manager	Name:	
	Address: 1001 Pennsylvania Ave., NW	□Member		a to the first account process and a delighter trader to compare to a supplementary
□ Authorized	Ste 220 South	□Authorized		
Person	Washington, DC 20004	Person		
Other	Cother	□Other	-	□Other
□Manager	Name:	□Manager	Nume	
2		-		
□Member	Address:	□Member	Address:	· —
□Authorized		□ Authorized		
Person		Person		
□Other	Other	Other	<u>-</u>	Other
[]Manager	Name:	□Manager	Name:	***
∐Member	Address:	□Member	Address:	
□Authorized		□ Authorized		
Person		Person	o t The Contraction of the Contr	-
Other	□Other	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 filling 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 onth 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.

Stacy M. Weiner

Typed or printed name of signee

Τσ.



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CRP/AR PROSE PLANT CITY OWNER, L.L.C."

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 OCTOBER, A.D. 2023.

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

e at corp.delaware.gov/auti

Authentication: 204461162

Date: 10-26-23