MZ4600000847

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | · #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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ALLAMASSEE, FLOT

JAN 24 2024 K. Brumbley

CT CORP (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

01/24/2024

W.P. Verifier ___

Ref#

| ate: 01/24/2024 | |
|----------------------|--|
| Acc#I201600 | 00072 |
| GRAPHITE REAL ESTATE | LLC |
| | |
| 15337066 - 6 | |
| Country of Destin | ation: |
| Certified: | Email Address for Annual Report Notifications Brianna. Jorgensen@huschblack well. com |
| | Acc#I2016006 GRAPHITE REAL ESTATE 15337066 - 6 Country of Destin Number of Certs: Certified: Plain: COGS: |

COVER LETTER

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| TO: | Registration Section Division of Corporations | | | | |
|---------|---|---|--|--|--|
| SHR II | Graphite Real Estate LLC ECT: | | | | |
| 3000 | | nme of Limited Liability Company | | | |
| | | ty Company for Authorization to Transact Business in Florida." Certificate over referenced foreign limited liability company to transact business in Florid | | | |
| Please | return all correspondence concerning this matte | er to the following: | | | |
| | Brianna Jorgensen | | | | |
| | | Name of Person | | | |
| | Husch Blackwell LLP | | | | |
| | Firm/Company | | | | |
| | 511 North Broadway, Suite 1100 | | | | |
| | | Address | | | |
| | Milwaukee, WI 53202 | | | | |
| | | City/State and Zip Code | | | |
| | Brianna.Jorgensen@husehblackwell.c | com | | | |
| | E-mail address: (to | be used for future annual report notification) | | | |
| For fur | rther information concerning this matter, please | call: | | | |
| | Brianna Jorgensen | 414 978-5326 | | | |
| | Name of Contact Person | at (| | | |
| | 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 DI \$125.00 Filing Fee \$130.00 Filing Certificate | EPARTMENT OF STATE | | | |

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. (Name of Foreign I | Limited Liability Company; must include "Limited | Liability Company," "L.L.C.," or "LLC | .") |
|---------------------------------------|---|--|--|
| | | | |
| | ame adopted for the purpose of transacting business in Flor | nda. The alternate name must include "Lamite | ed Liability Company," "E.L.C," or "LLC.") |
| Delaware | | _{3.} 93-4634951 | |
| (Jurisdiction under the law of wh | nich foreign limited liability company is organized) | (FEI r | number, if applicable) |
| 4. | | | |
| · · · · · · · · · · · · · · · · · · · | (Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin | gistration.) e penalty liability) | |
| 101 Elmar Dr. SW 5. | | 6. | |
| Street Address of Principal Office) | | 6. (Mailing Address) | |
| Vienna, VA 22180 | | | |
| | A 111: | | |
| | | | 202 |
| 7. Name and street addres | s of Florida registered agent: (P.O. Box | <u>NOT</u> acceptable) | 124 JAH 21 |
| Name: | C T Corporation System | | |
| Office Address: | 1200 South Pine Island Road | | 91:3 |
| | Plantation | 33324 , Florida | |
| | (City) | (Zip cod | le) |

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.

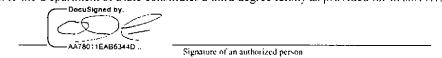
Stephanie Hencz, Assistant Secretary (Registered agent's signature)

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: Oreste Joseph Farina | ■Manager | Name: |
| ■Member | Address: | ■Member | Address: |
| □Authorized | Vienna, VA 22180 | □Authorized | Potomac, MD 20854 |
| Person | | Person | |
| □Other | Other | □Other | Other |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| □Other | Other | □Other | Other |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | vanettii |
| Person | | Person | |
| □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 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.



Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GRAPHITE REAL ESTATE 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 EIGHTEENTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAPHITE REAL ESTATE LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2023.

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

ANYS OF STATE OF STAT

Authentication: 202614287

Date: 01-18-24

7635072 8300 SR# 20240155747