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To:

Division of Corporations

Email Address:_

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone 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.

LEGREEN@ARESMGMT.COM

Foreign Limited Liability Company AIREIT PARK 429 LC LLC

Certificate of Status	Ü
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Help

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

IN COMPLIANCE WITH SECTION (05:00), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTERA FOREIGN. LIMITED LIABILITY

(Name of Foreign	k 429 LC LLC imited Liability Company; must include "Limited	Liability Compa	ny," "H.L.C.," or "UTC.")					
name unavailable, enter alternate it	one adopted for the purpose of transacture business in Ele	rida. The alternate r	same most include "Limited Liabil	ity Company," 'L. l	C," or T	Ξ¢,		
DELAWA		applied for						
(Jurisdiction order the taw of which foreign binited hability company)s organized;		3. (FEL number, if applicable)						
	(Date first transacted business in Horsla, (tpro) to (See sections 603 6903 & 605 0905, F.S. to determine	registration I inc penalty liability)						
2000 Avenue of the Stars			Avenue of the Stars					
cet Address of Principal Office)		6	Mading Address)			-		
12th Floor		12th Floor						
Los Angeles, CA 9006	7	Los Angeles, CA 90067						
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT accepta	ble)	RETARY	2024 HAR 26			
Name:	C T Corporation System		_		AH			
Office Address:	1200 South Pine Island Road		_		<u>c.</u>			
	Plantation		33324 . Florida					
	(Cny)		(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 um familiar with and accept the obligations of my position as registered agent.

By:	CT Corporation System James Martin				
	(Registional agent's agent	sture)			

8 For initial indexing purposes,	list names.	title or capacity ar	nd addresses of the prin	nary members/man	agers or persons	authorized to
manage [up to six (6) total]:						

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: AIREIT Operating Partnership	□ Manager	Name:	Scott Seager
™ Member	2000 Avenue of the Stars Address:	□ Member		2000 Avenue of the Stars
Authorized	12th Floor	Authorized		12th Floor
Person	Los Angeles, CA 90067	Person		Los Angeles, CA 90067
□ Manager	Stefanie Sommers Name:	□ Manager	Name:	Andrew Ko
□ Member	Address: 2000 Avenue of the Stars	□ Member		2000 Avenue of the Stars
☐ Authorized	12th Floor	© Authorized		12th Floor
Person	Los Angeles, CA 90067	Person		Los Angeles, CA 90067
□Other		□Other		Other
□ Manager	Name: Eric Torgerson	□ Manager	Name:	·
7. Member	2000 Avenue of the Stars Address:	☐ Member	Address:	
- Authorized	12th Floor	Authorized Perso.	n	
Person	Los Angeles, CA 90067			

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 Anached 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)

4O 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.

Stefanic Sommers

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "AIREIT PARK 429 LC 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-FIFTH DAY OF MARCH, A.D. 2024.

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

at corp.delaware.gov/auth

Authentication: 203106226

Date: 03-25-24