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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
AIREIT PARK 429 LC LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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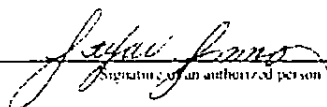
8 For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>AIREIT Operating Partnership</u>	<input type="checkbox"/> Manager	Name: <u>Scott Seager</u>
<input checked="" 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"/> Manager	Name: <u>Stefanie Sommers</u>	<input type="checkbox"/> Manager	Name: <u>Andrew Ko</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>Eric Torgerson</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2000 Avenue of the Stars</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>12th Floor</u>	Authorized Person	_____
Person	<u>Los Angeles, CA 90067</u>		_____

**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.

  
Signature of an authorized person

Stefanie Sommers

Typed or printed name of signee

# Delaware

The First State

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.



3320944 8300

SR# 20241157167

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)  
Jeffrey W. Bullock, Secretary of State

Authentication: 203106226

Date: 03-25-24