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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (614)573-3996 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rebecca.downey@nexcoregroup.com

Foreign Limited Liability Company NXC CAPE CORAL HOLDCO LLC

Certificate of Status	0
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Help

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANS ICT BUSINESS IN THE STATE OF FLORIDA: NXC Cape Coral Holdco LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LUC.") th name unavailable, once elemate name adopted for the purpose of our sacting business in Florida. For alternate name must include "Limited Unifolds, Company," "LL C." or "TTC") DE 83-1034108 Oursaliction under the law of which foreign limited lightly, company is organized. (E) I number, if applicable) (Date first transacted basiness in Florida, if prior to registration.)
(See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 1550 MARKET ST STE 200 1550 MARKET ST STE 200 5. (Street Address of Principal Office) (Mailing Address) DENVER, CO 80202 DENVER, CO 80202 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation , Florida

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.

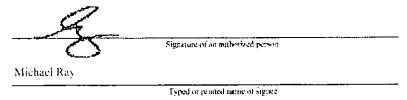
By:	C T Corporation System	Clothalia	Eric Carlson, Asst. Secretary
(Registered agen,'s signature)			

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: NXC JV HI LLC	☐ Manager	Name: Michael Ray
■Member	Address: 1550 MARKET ST STE 200	□ Member	Address: 1550 MARKET ST STE 200
□Authorized	DENVER, CO 80202	∆uthorized	DENVER, CO 80202
Person		Person	
□Other	□Other		□Other
□Manager	Name:	∐Manager	Name:
□Member	Address:	Z Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□Other	□Other	□Other	□Other
□Manager	Name:	□ Manager	Name:
□Member	Address:	_Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□Other		ZOther	□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.





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

DELAWARE, DO HEREBY CERTIFY "NXC CAPE CORAL HOLDCO 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 FIRST DAY OF APRIL, A.D. 2024.

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

at corn delaware gov/auth

Authentication: 203156448

Date: 04-01-24