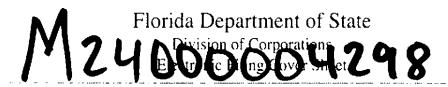
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000123246 3)))



**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:\_\_\_

## Foreign Limited Liability Company LPF 4820 N Orange Blossom Trail, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

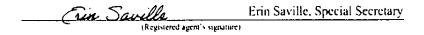
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

1.11	1 . 1 . 2 . 1	1 11 1		111		
iame unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The alternate name	must include "Eamited Laib	thty Company," "L.	.L. (','' or "LL	
Delaware		3				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, il applicable)				
Upon Filing						
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605 0905, F.S. to determine	registration ) ne penalty liability)		<del></del>		
333 West Wacker Drive, Suite 2300		333 West	Wacker Drive, Suit	acker Drive, Suite 2300		
our Address of Personal (100m)		6(Mailin	g Address)			
Chicago, 1L 60606		Chicago, I	L 60606			
Name and street address	is of Florida registered agent: (P.O. Box	NOT acceptable)		:	2024 APR	
Name:	United Agent Group Inc.			· ;	ယ	
Office Address:	801 US Highway 1	<del></del>			PH 12: 24	
	North Palm Beach		33408	· · · ·	24	
	(City)	, F1	orida			

## 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.



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	<u>«</u>	Name and Address:
□Manager	Name: LaSalle Property Fund Holdings LP	□Manager	Name:	
■Member	Address: 333 West Wacker Drive, Suite 2300	□Member	Address:	·
□Authorized		□Authorized	<del> </del>	
Person	Chicago, IL 60606	Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	-	<del></del> -
Person	M B. W FORT - 1	Person	<del>.</del>	
□Other	Other	□Other		□Other
	N.	Π <b>.</b> Μ	Manna	
□Manager	Name:	□Manager		
□Member	Address;	□Member	Address:	
□Authorized		□Authorized		
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.

 Tin Savilla	
Signature of an authorized person	
Erin Saville, Attorney-In-Fact	
Typed or printed name of vignee	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "LPF 4820 N ORANGE BLOSSOM TRAIL, 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 THIRD DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LPF 4820 N

ORANGE BLOSSOM TRAIL, LLC" WAS FORMED ON THE THIRD DAY OF APRIL,

A.D. 2024.

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

Authentication: 203175562

Date: 04-03-24