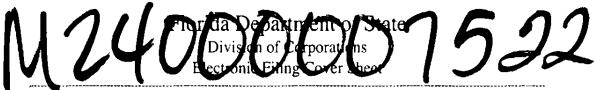
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Division of Corporations



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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 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:\_\_

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## Foreign Limited Liability Company ES FMFL Owner LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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

IN COMPLIANCE WITH SECTION 6/15/09/2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ES FMFL Owner LLC					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.,"	or "LLC.")	
(II name unavailable, enter alternate r	same adopted for the purpose of transacting business in Fl	orida. The	alternate name must includ	e "Limited Liability Company,"	"L.L. C," or "LLC
Delaware 2.		1			
(Jurisdiction under the law of w	high foreign limited liability company is organized)	٠.		(FEI number, if applicable)	
4	(Date first transacted business in Florida, if prior to	maistration	T		
	(Date first transacted business in Florida, if prior to 1See sections 605,0904 & 605,0905, F.S. to determi	ine penalty	liab(hty)		
30 N LaSalle St, Suite 5.		۸	30 N LaSalle St, S		
5. (Street Address of Principal Office)		U.	(Mailing Address)		
Chicago, IL 60602			Chicago, IL 60602		
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)		2024 JUli
Name:	United Agent Group Inc.			•	JUN 12
Office Address:	801 US Highway I		<del></del>		AH II: 10
	North Palm Beach		33 , Florida	3408	
	(City)			(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.

/s/ Tymberlyn Teefey	Tymberlyn Teefey, Special Secretary
	ent's signature)

15612148442

8.	For	initial	indexing	g purposes,	list names,	title or	capacity	and a	ddresses o	of the primar	y member	s/managers	or persons	authorized to
ma	mage	e [up to	six (6)	total]:										

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
□Manager	Name: Blue Owl NLT Operating Partnership I	.P □Manager	Name:	
■Member d v	Address: 30 N LaSalle St, Suite 4140	□Member	Address:	
□Authorized	Chicago, IL 60602	□Authorized		
Person		Person		
□Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person ·		Person		
□Other	Other	□Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	<u> </u>
□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. Nonindexed 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.

(TUI) Andrew Morris	
Signature of an authorized person	
Andrew Morris, Authorized Person	
Typed or printed name of signee	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ES FMFL OWNER 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 TWELFTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ES FMFL OWNER LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2024.

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

3901154 8300 SR# 20242856586



Authentication: 203695387

Date: 06-12-24