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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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Foreign Limited Liability Company
Tomoka BTR, LLC

Certificate of Status	1
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JUN 18 2024

K. Brumbley

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TOMOKA BTR, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 99-3207185
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 360 South Rosemary Ave., Suite 400 6. 2851 John Street, Suite One
(Street Address of Principal Office) (Mailing Address)
West Palm Beach, FL 33401 Markham, Ontario L3R 5R7

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporate Creations Network Inc.
Office Address: 801 US Highway 1
North Palm Beach 33408
(City) , Florida (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 am familiar with and accept the obligations of my position as registered agent.

 Saray Djidji, Special Secretary
(Registered agent's signature)

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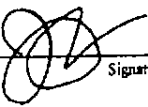
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Robert S. Green	<input type="checkbox"/> Manager	Name: Jeffrey W. Preston
<input type="checkbox"/> Member	Address: 2851 John Street, Suite One	<input type="checkbox"/> Member	Address: 360 South Rosemary Avenue
<input type="checkbox"/> Authorized	Markham, Ontario L3R 5R7	<input type="checkbox"/> Authorized	Suite 400
Person		Person	West Palm Beach, FL 33401
<input checked="" type="checkbox"/> Other <input type="checkbox"/> Director	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <input type="checkbox"/> Director	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Yannick Garneau	<input type="checkbox"/> Manager	Name: Michael Crosby
<input type="checkbox"/> Member	Address: 1250 Boul. Rene-Levesque W.	<input type="checkbox"/> Member	Address: 360 South Rosemary Avenue
<input type="checkbox"/> Authorized	Suite 900	<input type="checkbox"/> Authorized	Suite 400
Person	Montreal, Quebec H3B 4W8	Person	West Palm Beach, FL 33401
<input checked="" type="checkbox"/> Other <input type="checkbox"/> Director	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <input type="checkbox"/> Director	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.


 Signature of an authorized person
 Jeffrey W. Preston
 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOMOKA BTR, 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 FOURTEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOMOKA BTR, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2024.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

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SR# 20242884501

You may verify this certificate online at corp.delaware.gov/authver.shtml

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Date: 06-14-24