6/17/24, 9:56 AM

Division of Corporations

lorida Denartment of

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.

(((H24000209887 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 : C T CORPORATION SYSTEM

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

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

sarahf@globalmedicalreit.com Email Address:

> Foreign Limited Liability Company GMR Bradenton 2203 61st Street, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help



JUN 1 8 2024 K. Brumbley

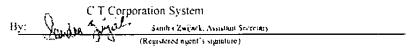
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; mirst include "Limite	d Liability C	ompany," "L.L.C.," or "LLC.")		
(If name may mishle, onler alternate t	name adopted for the purpose of transacting business in F	Torida The alt	ernate name must include "Lamited Liabilit	y Company,""E L.C," or "ELC"	
Delaware					
2		<i>3</i> . <u>-</u>	(Fld number, d	(F1:1 number, u'applicable)	
4. <u> </u>				_	
	(Date liest transacted bininess in Florida, if prior to 1See sections 605 0904 & 605 0905, F.S. in determ	registration) ine penalty ho	apapar's)		
7373 Wisconsin Ave, Suite 800 5. Ourcer Address of Principal Office)			373 Wisconsin Ave, Suite 800		
(Street Address of Principal Office)			(Mailing Address)		
Bethesda, Maryland 20814		В	Bethesda, Maryland 20814		
					
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT ac	ceptable)	202.13	
Name:	C T Corporation System			: : -1	
Office Address:	1200 South Pine Island Road			- 	
	Plantation		33324 , Florida	ي ن	
	(Cny)		(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.



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: Global Medical REIT LP	□Manager	Name: Robert Kiernan
⊠Member	Address: 7373 Wisconsin Ave. Ste 800,	□ Member	Address: 7373 Wisconsin Ave. Ste 800
□Authorized	Bethesda, MD 20814	∡Authorized	Bethesda, MD 20814
Person		Person	
□Other	□Other	_Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	I Member	Address:
□Authorized		□ Authorized	
Person		Person	
Other	□Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□ Member	Address:
□Authorized		Authorized	
Person		Person	
☐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.

•	1ld+ f Kin	
	Signature of an authorized person	
Robert Kiernan		
	Typed or printed name of signed	

To:



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GMR BRADENTON 2203 61ST STREET, 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 THIRTY-FIRST DAY OF MAY, A.D. 2024.

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

Authentication: 203606749

Date: 05-31-24