

6/26/24, 2:20 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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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
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.**

Email Address: PFEM@hoganlovells.com

RECEIVED

2024 JUN 26 PM 4:10

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
Doral CI Phase LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$2,736.25

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Corporate Filing Menu

Help

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
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Doral CPhase LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 27-0426551
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

4. 06/26/2009
(Date first transacted business in Florida, or prior to registration)
(See sections 605.004 & 605.09(5), F.S., to determine penalty liability)

5. 383 Madison Ave. 177 Park Ave.
(Street Address of Principal Office) (Mailing Address)
c/o J.P. Morgan Asset Management c/o Christian Porwoll
New York, NY 10017 New York, NY 10172

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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 am familiar with and accept the obligations of my position as registered agent.

C T Corporation System
By: Mercedes Helwig Mercedes Helwig, Assistant 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>
☐ Manager	Name: <u>Mark J. Bonapace</u>	☐ Manager	Name: <u>LP 1 REIT Inc.</u>
☐ Member	Address: <u>277 Park Ave.</u>	☐ Member	Address: <u>383 Madison Ave.</u>
☐ Authorized	<u>New York, NY 10172</u>	☐ Authorized	<u>New York, NY 10017</u>
☐ Person	<u></u>	☐ Person	<u></u>
☐ Other	<u></u>	☐ Other	<u></u>
☐ Manager	Name: <u>Ethel Gavrilova</u>	☐ Manager	Name: <u></u>
☐ Member	Address: <u>277 Park Ave.</u>	☐ Member	Address: <u></u>
☐ Authorized	<u>New York, NY 10172</u>	☐ Authorized	<u></u>
☐ Person	<u></u>	☐ Person	<u></u>
☐ Other	<u></u>	☐ Other	<u></u>
☐ Manager	Name: <u></u>	☐ Manager	Name: <u></u>
☐ Member	Address: <u></u>	☐ Member	Address: <u></u>
☐ Authorized	<u></u>	☐ Authorized	<u></u>
☐ Person	<u></u>	☐ Person	<u></u>
☐ Other	<u></u>	☐ Other	<u></u>

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.

DocuSigned by
Mark Bonapace
034330C2-1E7487

Signature of an authorized person

Mark J. Bonapace

Typed or printed name of signer

OF

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DORAL C1 PHASE 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 TWENTY-FIFTH DAY OF JUNE, A.D. 2024.

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

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A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

4701720 8300

Authentication: 203791872

Docu

SR# 20242979577

Date: 06-25-24

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