

8/7/24, 1:35 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

M24000010116

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.

((1124000265522 3)))



H240002655223ABC

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.

Email Address: SIMlaw@symetra.com

Foreign Limited Liability Company
Symetra Investment Management Real Estate Investors LLC

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

RECEIVED

2024 AUG -7 PM 1:41

DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

2024 AUG -8 PM 12:59

Electronic Filing Menu Corporate Filing Menu Help

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

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

1 Symetra Investment Management Real Estate Investors LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

2 Delaware 87-3591460
(Jurisdiction under the law of which foreign limited liability company is organized) (EFT number, if applicable)

3
(Date and location of business in Florida prior to registration.
(See sections 605.004(2) and 605.005(1), S. 605.006, and 605.007, Florida Statutes, for penalty liability.)

5 777 108th Ave, NE, Suite 1200 777 108th Ave, NE, Suite 1200
(Street Address of Principal Office) (Mailing Office)
Bellevue, WA 98004 Bellevue, WA 98004

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: /s/ Sandra Zwijack Sandra Zwijack, Assistant Secretary
(Registered agent's signature)

DocuSign Envelope ID: 436F4A35-4F28-4A0E-84C3-2036293F5DC2

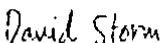
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name, <u>Colin Elder,</u>	☒ Manager	Name, <u>Kevin Sclar,</u>
☐ Member	Address, <u>777 108th Ave NE, Suite 1200</u>	☐ Member	Address, <u>308 Farmington Ave., 3rd Floor</u>
☐ Authorized	<u>Bellevue, WA 98004</u>	☐ Authorized	<u>Farmington, CT 06032</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☒ Manager	Name, <u>Vincent Reilly</u>	☐ Manager	Name, <u>David Storm</u>
☐ Member	Address, <u>777 108th Ave NE, Suite 1200</u>	☐ Member	Address, <u>308 Farmington Ave, 3rd Floor</u>
☐ Authorized	<u>Bellevue, WA 98004</u>	☐ Authorized	<u>Farmington, CT 06032</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name <u>Kristin Norberg</u>	☐ Manager	Name _____
☐ Member	Address: <u>777 108th Ave NE, Suite 1200</u>	☐ Member	Address _____
☒ Authorized	<u>Bellevue, WA 98004</u>	☐ 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.

DocuSigned by:


 Signature of an authorized person
 David Storm, Secretary

 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 "SYMETRA INVESTMENT MANAGEMENT REAL
ESTATE INVESTORS 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 FIRST DAY OF AUGUST,
A.D. 2024.

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



6221315 8300

SR# 20243304653

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

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.

Authentication: 204069250

Date: 08-01-24