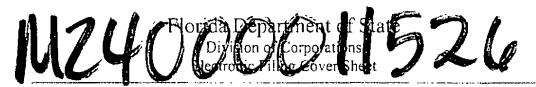
Lexitas





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.

(((H24000305496 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

fo: Division of Corporations Fax Number : (850)617-6383 From: Account Name : ALLSTATE CORPORATE SERVICES CORP Account Number : I2004000031 Phone : (800)906-9220 Fax Number : (800)906-9880 iter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:__

Foreign Limited Liability Company Nexus HN Hialeah LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Page: 4 of 6

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

IN COMPLIANCE WITH SECTION 015 (0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Nexus HN Hialeah LL					
(Name of Foseign	Limited Etability Company, must include "Limite	d Liability C	ompany,""L.L.C.,"or"l	.I.C ")	
(Course was a labe outer where use	name adopted for the purpose of nonsecting hostiness in Fl	kozula The allo	ernate nanzi must include "Li	ini sed Liability Company,*** (, L	. C, " or "LLC ";
	and anopted in the purpose in the second in the second	7.1			
DELAWARE 2.	tuch foreign limited liability company it organized)	3		It number, if applicable	
(Jurisdiction under the law of w	fuch foreign limited liability company it organized;		{}	dil number, d applicable]	
4.	(Date lits) transacted business in Florida, if prior to (See sections 603 0904 & 603 0905, F.S. to determ	registration) ine ponalty ha	bility)	.	
601 NE 1st Avenue			01 NE 1st Avenue		
5. (Street Address of Principal Office)		6	(Mailing Address)		
Miami, Florida 33122		N	1iami, Florida 33122	<u>:</u>	
		_			
<u></u>		_			
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT ac	reptable)		2024 SEI
	Registered Agent Solutions, Inc.				
Name:					ė
OCC - Add	2894 Remington Green Ln. Ste. A				<u> </u>
Office Address:					<u></u>
	Tallahassee		3230) , Florida	8	: 2
	(C#s)			esde)	~

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.

/s/ Naomi Ostopowitz, Assistant Secretary on behalf of Registered Agent Solutions, Inc.

To:

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 Adds	ress:
□Manager	Name: Nexus HN Hialeah HoldCo LLC	□Munnger	Nume:	
■Member	Address:	□Member	Address:	-
□Authorized	Miami, Florida 33122	□Authorized		
Person	****	Person		
Other	□Other	□Other	□Other	
□Munager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		LJAuthorized		
Person		Person		
Other	□Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□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. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 fellony as provided for in s.817.155, F.S.

/s/ Daniel Knell	
Signature of an authorized persor	
Daniel Knell, Authorized Person	
Typed or prented name of signee	

^{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 bath of the translator must be submitted)

Page: 6 of 6



Page 1

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

DELAWARE, DO HEREBY CERTIFY "NEXUS HN HIALEAH 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 NINTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEXUS HN HIALEAH LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2024.

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

at corn delaware enviauth

Authentication: 204336704

Date: 09-09-24