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Foreign Limited Liability Company LCP ANCHOR BUSINESS PARK LLC

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

IN COMPLENCE BITTLE SECTION (05:00), FLORID ESTATLITES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LEABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: LCP Anchor Business Park LLC (Name of Frieign Limited Liability Company) must include "United Liability Company," "E. L.C.," or "H.C.") If acting any adaltic, operational cross subgreat for the purpose of amounting bisaries to Elevata. The distribute frame from include 3 manual 1 about 9 from min. "A 1 3 " " a 2 (5 ") the schemon under the law of which foreign bonded habitors to oppany it organized. (Exact first of ansacted business in Florida, if prior to registration). (See sections 605,000 & 605,0005, E.S. to determine penalty liability). 1798 Platte St 1798 Platte St 5. (Street Address of Principal Office) Denver, CO 80202 Denver, CO 89202 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Registered Agents Inc. Name: 7901 4th St N Stc 300 Office Address:

Registered agent's acceptance:

St Petersburg

Having been named as registered agent and to occept 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.

By: Old Jest Eric Jensen, Assistant Secretary

(Registered Learn's Signature)

From: James Tanks

Fitle or Capacity:	Name and Address:	Title or Capaci	<u>ty:</u>	Name and Address:
≤iManager	Name: Christina Schaefer	∐Manager	Name:	
Member	1798 Platte St Address:	□Member	Address;	-
⊒Authorized	Denver, CO 80202	□Authorized		
Person		Person		
(Other		□Other	····	□Othet
⊒Manager	Name:	□Manager	Name:	
_!Member	Address:	∐Member	Address:	
⊒Authorized		□Authorized		
Person		Person		
⊒Other	☐ Other	[]Other		[]Other
□Manager	Name:	□Minager	Name;	
⊒Member	Address:	□Member	Address:	
Authorized		∏Auth6rized		
Person		Person	<u></u> .	
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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, dely 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.

Christina Schaefer	
Sign dive of an authorized person	
Christina Schaefer	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LCP ANCHOR BUSINESS PARK 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 TENTH DAY OF SEPTEMBER, A.D. 2024.

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

at corp.delaware.gov/auth

Authentication: 204357578

Date: 09 10-24