

M24000011805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

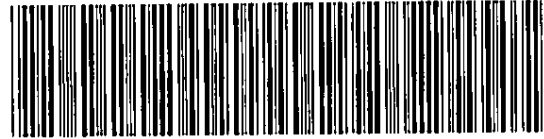
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2024 SEP 13 AM 9:47

ALL ATTACHED

2024 SEP 13 PM 3:20

RECEIVED

SEP 13 2024

K. Brumley

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 09/13/2024

**\*\*WALK IN\*\***

ENTITY NAME HSRE-CA XVIII, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: \_\_\_\_\_

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 125.00

ACCOUNT # 120160000072

*W: c DW*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HSRE-CA XVIII, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware 3. 87-1366235  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 444 W. Lake Street, Suite 2100 6. 444 W. Lake Street, Suite 2100  
(Street Address of Principal Office) (Mailing Address)  
Chicago, IL 60606 Chicago, IL 60606

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

Name: Registered Agents Inc.  
Office Address: 7901 4th Street N, Suite 300  
St. Petersburg, Florida 33702  
(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.*

By: David Roberts David Roberts, Asst. Secretary  
(Registered agent's signature)

2014 SEP 13 AM 9:47

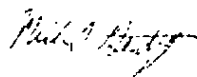
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                  |          | <u>Name and Address:</u>       |  | <u>Title or Capacity:</u>           |          | <u>Name and Address:</u>       |  |
|--|----------|--------------------------------|--|-------------------------------------|----------|--------------------------------|--|
| <input type="checkbox"/> Manager           | Name:    | HSRE-CA XVIII, LLC             |  | <input type="checkbox"/> Manager    | Name:    |                                |  |
| <input checked="" type="checkbox"/> Member | Address: | 444 W. Lake Street, Suite 2100 |  | <input type="checkbox"/> Member     | Address: |                                |  |
| <input type="checkbox"/> Authorized        |          | Chicago, IL 60606              |  | <input type="checkbox"/> Authorized |          |                                |  |
| Person                                     |          |                                |  | Person                              |          |                                |  |
| <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other      |          | <input type="checkbox"/> Other |  |
|  |          |                                |  |                                     |          |                                |  |
| <input type="checkbox"/> Manager           | Name:    |                                |  | <input type="checkbox"/> Manager    | Name:    |                                |  |
| <input type="checkbox"/> Member            | Address: |                                |  | <input type="checkbox"/> Member     | Address: |                                |  |
| <input type="checkbox"/> Authorized        |          |                                |  | <input type="checkbox"/> Authorized |          |                                |  |
| Person                                     |          |                                |  | Person                              |          |                                |  |
| <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other      |          | <input type="checkbox"/> Other |  |
|  |          |                                |  |                                     |          |                                |  |
| <input type="checkbox"/> Manager           | Name:    |                                |  | <input type="checkbox"/> Manager    | Name:    |                                |  |
| <input type="checkbox"/> Member            | Address: |                                |  | <input type="checkbox"/> Member     | Address: |                                |  |
| <input type="checkbox"/> Authorized        |          |                                |  | <input type="checkbox"/> Authorized |          |                                |  |
| Person                                     |          |                                |  | Person                              |          |                                |  |
| <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other      |          | <input type="checkbox"/> 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.



Signature of an authorized person

Michael Gershowitz, Authorized Person

Typed or printed name of signee

# Delaware

The First State

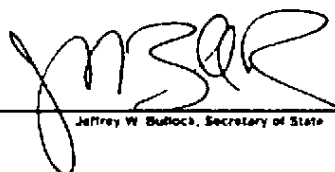
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HSRE-CA XVIII, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HSRE-CA XVIII, LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2021.

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



  
Jeffrey W. Bullock, Secretary of State