

10/9/24, 10:14 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M24000013025

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.

(((H24000339788 3)))



H240003397883ABCB

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 I 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: LEGREEN@ARESMGMT.COM

Foreign Limited Liability Company
ADREN Master Tenant LLC

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

RECEIVED

2024 OCT 10 PM 2:45

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 OCT 10 PM 2:45

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

OCT 11 2024

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 FOR REGISTRATION OF A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ADREX Master Tenant LLC

1. 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."

Delaware

2. Jurisdiction under the law of which foreign limited liability company is organized.

3. 20-2675640

(FID number or equivalent)

4. Date first transacted business in Florida, if prior to registration.
(See sections 605.0901 & 605.0902, F.S., to determine penalty liability.)

1800 Avenue of the Stars

5. (Street Address of Principal Office)

1800 Avenue of the Stars

6. (Mailing Address)

Suite 1400

Suite 1400

Los Angeles, CA 90067

Los Angeles, CA 90067

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

(City)

Florida

33324

(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: James Martin James Martin, Assistant Secretary
(Registered agent's signature)

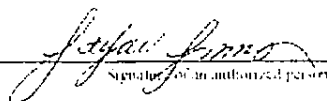
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name <u>AREIT Real Estate Holder LLC</u>	☐ Manager	Name <u>Stefanie Sommers</u>
	<u>1800 Avenue of the Stars</u>		<u>1800 Avenue of the Stars</u>
☒ Member	Address <u>Suite 1400</u>	☐ Member	Address <u>Suite 1400</u>
	<u>Los Angeles, CA 90067</u>		<u>Los Angeles, CA 90067</u>
☐ Authorized Person	<u>Los Angeles, CA 90067</u>	☒ Authorized Person	<u>Los Angeles, CA 90067</u>
☐ Other	<u></u>	☐ Other	<u></u>
☐ Manager	Name: <u></u>	☐ Manager	Name: <u>Jonathan Linker</u>
	<u></u>		<u>1800 Avenue of the Stars</u>
☐ Member	Address: <u></u>	☐ Member	Address: <u>Suite 1400</u>
	<u></u>		<u>Los Angeles, CA 90067</u>
☐ Authorized Person	<u></u>	☒ Authorized Person	<u>Los Angeles, CA 90067</u>
☐ Other	<u></u>	☐ Other	<u></u>
☐ Manager	Name: <u></u>	☐ Manager	Name: <u></u>
	<u></u>		<u></u>
☐ Member	Address: <u></u>	☐ Member	Address: <u></u>
	<u></u>		<u></u>
☐ Authorized Person	<u></u>	☐ Authorized 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.


Signature of an authorized person

Stefanie Sommers

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADREX MASTER TENANT 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 SEVENTH DAY OF OCTOBER, A.D. 2024.

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



4231454 8300

SR# 20243886509

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: 204573804

Date: 10-07-24