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(((H24000341086 3)))



H240003410863ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

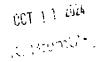
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Foreign Limited Liability Company LRF3 MIA 8TH AVE LLC

Certificate of Status	0
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Help



		COVER LETTER	H24000341086
.,	strution Section sion of Corporations		
	LRF3 MIA 8th Ave LLC		
SUBJECT: _	Nar	me of Limited Liability Company	
The enclosed ' Existence, and	"Application by Foreign Limited Liability deheck are submitted to register the above	y Company for Authorization to Tran e referenced foreign limited liability of	sact Business in Florida," Certificate of company to transact business in Florida
lease return a	all correspondence concerning this matter	to the following:	
		Name of Person	
	Capitol Services - Corporate Filings	Team	
	1	Firm/Company	
	206 E. 9th St., Suite 1300		
		Address	
	Austin, TX 78701-4411		
		City/State and Zip Code	
	E-mail address: (to	he used for future annual report notifi	cation)
For further inf	formation concerning this matter, please c	ail:	
		800 345-4647	
	Name of Contact Person	Area Code Daytir	ne Telephone Number
	ing Address:	Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
	. Box 6327	The Centre of Tallahasse	
1 2118	ahassee, FL 32314	2415 N. Monroe Street, Tallahassee, FL 32303	Suite 810
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DE 125.00 Filing Fee	Fee & 🔲 \$155.00 Filing Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

H24000341086

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 HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The a	hernate name must include "Limited Liability Company	," "L L.C," or "LL
Delaware	——————————————————————————————————————		, , ,	
	bich foreign limited liability company is organized)	3.	(FEI number, if applicable)	
(actual density of the saw of w	men igreign matter marinty company is beganned)		(The bullion, it approximate)	
Upon filing				
·	(Date first transacted business in Florida, if prior to (See sections 615.0904 & 615.0905, F.S. to determ	registration ine penalty l	ability)	
116 Huntington Avc., 1	Stc 1001		116 Huntington Ave., Ste 1001	
reet Address of Principal Office)		6	(Mailing Address)	
Boston, MA 02116			Boston, MA 02116	
		-	·	- ;;=
				0 F3
		-	 -	,
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)	 c:.
				1
Name	Corporation Service Company			. •
Name:				٠.٠
Office Address:	1201 Hays Street			آئي)
	Tallahassee		32301	
	(Cuy)		, Florida (Zir 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.

Melissa Clarke , Melissa Clarke, Asst. V.P.

(Registered agent's signature)

H24000341086

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

itle or Capacity:	Name and Address:	Title or Capacit	<u> Y:</u>	Name and Address
Manager	Name: LP SFIP Co-Invest REIT II, LLC	□Manager	Name:	
Member	Address:	□Member	Address: _	
Authorized	Boston, MA 02116	□Authorized		
Person		Person		
Other		□Other		□ Other
Manager	Name:	ПМападег	Name:	
Member	Address:	□Member	Address: _	
Authorized		□Authorized		
Person		Person		
Other	Other	□Other		□Other
1enager	Name:	∐Manager	Name:	
1ember	Address:	□Member	Address:	
uthorized		□Authorized		
Person		Person		
Other	Other	Other		□Other

- 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.

/s/ Nilesh Bubna	
Signature of an authorized person	
Nilesh Bubna, Sr. Vice President	H24000341086
Typed or printed name of rignee	

Delaware

The First State

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "LRF3 MIA 8TH AVE 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 OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LRF3 MIA 8TH AVE LLC" WAS FORMED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2024.

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

al soco del avers sou/auth

Authentication: 204524138

Date: 10-01-24