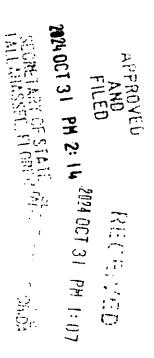
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(F	Requestor's Name)	<u></u> -
(<i>F</i>	\ddress)	
(<i>F</i>	Address)	
((City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
1)	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	lling Officer:	
,		
}		

Office Use Only



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OCT 3 0 2024 K Brumble:

CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

wil SW

10/31/2024

Date:

		Acc#I20160000072				
Name:	CIVF VII - FL4M02, LLC					
Document #:						
Order #:	15949222	 -				
Certified Copy of Arts & Amend: Plain Copy:						
Certificate of Good Standing:						
Certified Copy of						
Apostille/Notarial Certification:		Country of Destination: Number of Certs:				
Filing: 🗸	Certified: Plain: COGS:	✓ 	Email Address for Annual Report Notifications			
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	160.00				

Thank you!

COVER LETTER

	ision of Corporations					
SHRIFCT	CIVF VII - FL4M02, LLC					
SUBULCI.	Nam	e of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.				
Please return	all correspondence concerning this matter t	to the following:				
	Elizabeth McCarthy					
	Name of Person					
	Taft Stettinius & Hollister LLP					
	Firm/Company					
	41 S. High St., Suite 1800					
	Address					
	Columbus, Olf 43215					
	C	ity/State and Zip Code				
	emccarthy@taftlaw.com					
	E-mail address: (to be	used for fitture annual report notification)				
For further in	formation concerning this matter, please cal	II:				
Eliza	abeth McCarthy	at () Area Code Daytime Telephone Number				
·	Name of Contact Person	Area Code Daytime Telephone Number				
Mulling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Pleas	osed is a check for the following amount: e make check payable to: FLORIDA DEP. 125.00 Filing Fee	& 🗆 \$155.00 Filing Fee & 🖼 \$160.00 Filing Fee, Certificate				

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CIVF VII - FL4M02, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.") (If name univaliable, erter afternate name adopted for the purpose of transacting business in Florida. The afternate name must include Liability Company," "LLC," or "LLC.") (furisdiction under the law of which foreign limited liability company is organized) **Upon Qualification** One Beacon Street One Beacon Street (Street Address of Principal Office) Suite 2800 Suite 2800 Boston, MA 02108 Hoston, MA 02108 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 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 funiliar with and accept the obligations of my position as registered agent.

Laura Broderick Assistant Secretary

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 Address:
□Manager	Name: CIVF VII Unsecured Pool, LLC	□Manager	Name:	
⊞ Member	Address: One Buscon Street, Suite 2800	□Member	Address:	
CAuthorized	Boston, MA 02108	□Authorized		
Person		Person		
□Other	Other	☐Other		□Other
□Manager	Name:	□Manager	Name:	
⊡Member	Address:	□Member	Address:	
∐Authorized		□Authorized		
Person		Person		
□Other		□Other		□Other
□Manager	Name:	□Manager	Name:	
□Meniber	Address:	□Meinber	Address:	
□Authorized		□ Authorized		
Person		Person		
□Other		ClOther		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.

That W. Stuart II.

Typed or printed rante of signee

Harborne W. Stuart III



Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CIVF VII - FL4M02, 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 2024.

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

AND SOUTH THE PARTY OF THE PART

Authentication: 204685285

Date: 10-22-24

5633015 8300 SR# 20244005590