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	To:				
		Division of Corporations			
		Fax Number : (850)617-6383	<u> </u>	2024 NOV	
	From:			Ž	
_	_ SE 4	Account Name : CAPITOL SERVICES, INC.	: _ :	=	
	ಗಾರ್ವ	Account Number : I20160000017		2	$-\frac{1}{2}$
		Phone : (855)498-5500	- F 11.7	വ	
1		Fax Number : (800)432-3622	-11		
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Foreign Limited Liability Company 2121 HEILIG GP, LLC

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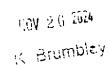
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COVER LETTER

2121 Heilig GP, LLC	
UBJECT: Nam	ne of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori
lease return all correspondence concerning this matter t	to the following:
	Name of Person
	Firm/Company
	Address
	City/State and Zip Code
AMignogna@primerockencap.com	
E-mail address: (to b	e used for future annual report notification)
or further information concerning this matter, please ca	ali:
Name of Contact Person	at ()
Mailing 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	ee & 🗆 \$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 STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

f name unavallable, enter alternate (name adopted for the purpose of transacting business in	Florida. The alta	ernate name must include "Limited Lia	bility Company," "L.L.C." or	TLLC.")
Dclawarc		3.	33-2011359		
(Jurisdiction under the law of w	which foreign limited liability company is organized)	_	(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to deter	to registration.)	bility)		
2755 East Oakland Par		·	O. Box 508 (Mailing Address)		_
Ft. Lauderdale, FL 33306		<u> </u>	Wayne, PA 19087		
Name and street address	ss of Florida registered agent: (P.O. Bo	× <u>NOT</u> sco	ceptable)	2024 NOV	
Name:	Michael O'Neill			25	FILE
Office Address:	2755 East Oakland Park Blvd Ste 200)		1	0
	Ft. Lauderdale,		33306 , Florida	39	
	(City)		(Zip code)		

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.

/s/Michael O'Neill	
(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]:

Title or Capacity:	Name and Address:	Title or Capacit	Y:	Name and Address:
□Manager	Name: Michael O'Neill	□Manager	Name:	
■Member	Address: 2755 East Oakland Park Blvd S:	□Member	Address:	
□Authorized	Ft. Lauderdale, FL 33306	□Authorized		
Person		Person		
Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
Other	Other	Other		□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.

/s/Michael O'Neill		
	Signature of an authorized person	
Mishael Obleiti	•	
Michael O'Neill		
	Typed or printed name of slance	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "2121 HEILIG GP, 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 NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2121 HEILIG GP, LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2024.

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

Authentication: 204954275

Date: 11-22-24