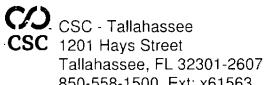
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Office Use Only



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850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 12/02/24 Order #: 1701462-1

Re: TA Realty Value-Add Fund XIII Reit, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$160.00 - FL State Account Number:

12000000195

PENALTY FEES APPROVED

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:

JECT: _	TA Realty Value-Add Fund XIII REIT, L	LC					
Name of Limited Liability Company							
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.					
se return a	all correspondence concerning this matter t	o the following:					
	Jennifer Syrmis						
		Name of Person					
	TA Realty LLC						
		Firm/Company					
	1 Federal Street, 17th Floor						
		Address					
	Boston, MA 02110						
	C	City/State and Zip Code					
	syrmis@tarealty.com						
	E-mail address: (to be	used for future annual report notification)					
urther inf	ormation concerning this matter, please ca	11:					
Jenn	nifer Syrmis	617 476-2797					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
Falla	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

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

(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Company," "L.L.C.," or "LLC.")		•
de la	name adopted for the purpose of transacting business in F			The Committee of the Co	
DE	name adopted for the purpose of transacting business in F	iorida. Inc	87-4409236	outy Company," "L.C," or "I	LUL.")
2. (Jurisdiction under the law of which foreign limited liability company is organized)		3.	3		
,	, , , , , , , , , , , , , , , , , , , ,		Ç an manne		
12/19/2023 4.					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration	n.) liability)		
1 Federal Street		,	1 Federal Street		
S. (Street Address of Principal Office)		6.	(Mailing Address)	· · · · · · · · · · · · · · · · · · ·	-
17th Floor			17th Floor		
Boston, MA 02110			Boston, MA 02110		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT:	acceptable)	202 S.: T.	
Name:	Corporation Service Company			2024 DEC - SENTAL TOR	
Office Address:	1201 Hays Street			2 PH	[
	Tallahassee		32301 , Florida	2: 4	
	(City)		(Zip code)	M_O	

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. Corporation Service Company

-Shauna Godbolt-

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: Name: Scott L. Dalrymple Name: TA Realty Value-Add Fund XIII OManager Manager 1 Federal Street REIT Marger, Luc 1 Federal Street ☐ Member □ Member Address: 17th Floor 17th Floor □ Authorized ■ Authorized Boston, MA 02110 Boston, MA 02110 Person Person Other □Other_____ __ Other_ Other____ Name: ☐ Manager Name: _____ ☐ Member Address: Address: ☐ Member □ 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. Nonindexed 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.

Scott L. Dalrymple Typed or printed name of signce

OHAL SOOR



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

DELAWARE, DO HEREBY CERTIFY "TA REALTY VALUE-ADD FUND XIII REIT,

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-SIXTH DAY OF NOVEMBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TA REALTY VALUE-ADD FUND XIII REIT, LLC" WAS FORMED ON THE FIRST DAY OF JANUARY,

A.D. 2022.

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

Authentication: 204976168

Date: 11-26-24

6495591 8300 SR# 20244324671