# M24000016100

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer  |
| Special Instructions to Filing Officer: |
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# Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 12/26/2024                           | _   |                |                          | ⇔WALK IN⇔ |
|---|---|----------------|--------------------------|-----------|
| ENTITY NAME US IN                         | /ESTMENT AR F   | REALTY LI      | _C                       | WALK II   |
| DOCUMENT NUMBER_                          |   |                |                          | ·         |
|   | **PLEASE FILE   | THE ATTACH     | YED AND RETURN**         |           |
|   | Plain Copy  |                |                          |           |
| XXXXXX                                    | Certified Copy<br>Certificate of Stata                          | ias            |                          |           |
| **  | PLEASE OBTAIN THE<br>Certified Copy of A<br>Certificate of Good | Arts & Amendme | FOR THE ABOVE ENTITY**   |           |
|   | **APOSTILLE' /  | / NOTARIAL     | CERTIFICATION**          |           |
| COUNTRY OF DESTINA<br>NUMBER OF CERTIFICA |   |                | <u> </u>                 |           |
| TOTAL OWED \$155.0                        | 00  |                | ACCOUNT #: 120160000     | 072       |
| Please call Tina at t                     | the above number fo   | for any issue  | s or concerns. Thank you | so much!  |

#### **COVER LETTER**

TO:

Registration Section

| ECT:                  |  | nvestment AR Realty LLC   |  |  |
|-----------------------|--|---|--|--|
|                       |  | e of Limited Liability Company  |  |  |
|                       |  | Company for Authorization to Transact Business in Florida," Certificate ferenced foreign limited liability company to transact business in Fl |  |  |
| return al             | Il correspondence concerning this matter to                                    | o the following:  |  |  |
|                       | Devora Nealy   |   |  |  |
|                       |  | Name of Person  |  |  |
|                       | Smith, Gambrell & Russell, LLP   |   |  |  |
|                       | Firm/Company   |   |  |  |
|                       | 1105 W. Peachtree Street NW, Suite 1000  |   |  |  |
|                       |  | Address   |  |  |
|                       | Atlanta, GA 30309  |   |  |  |
|                       | C  | City/State and Zip Code   |  |  |
|                       | dnealy@sgrlaw.com  |   |  |  |
|                       | E-mail address: (to be   | e used for future annual report notification)   |  |  |
| rther info            | ormation concerning this matter, please ca                                     | II:   |  |  |
| Devo                  | ra Nealy   | 404 \$15-3500<br>at ( )   |  |  |
|                       | Name of Contact Person   | at () Area Code Daytime Telephone Number  |  |  |
|                       | ng Address:<br>stration Section  | Street Address: Registration Section  |  |  |
| -                     | sion of Corporations   | Division of Corporations  |  |  |
|                       | Box 6327   | The Centre of Tallahassee   |  |  |
| Tallahassee, FL 32314 |  | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303   |  |  |
|                       |  |   |  |  |
|                       | sed is a check for the following amount:<br>make check payable to: FLORIDA DEF | PARTMENT OF STATE   |  |  |

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

|   | SINFAS IN THE STATE OF FLORIDA:  US Investmen  | t AR Realty LL                              | C                                 |                            |            |
|---|--|---|-----------------------------------|----------------------------|------------|
| (Name of Foreign  | Limited Liability Company: must include "Limit   | ed Liability Compa                          | ny," "L.L.C.," or "LLC.")         |                            |            |
| (If name unavailable, enter alternate r                             | name adopted for the purpose of transacting business in l  | Florida. The alternate                      | name must include "Limited Liabil | lity Company," "L.L.C," or | "£.£.C.")  |
| Georgia   |  |   |                                   |                            |            |
| (Jurisdiction under the law of w                                    | hich foreign limited liability company is organized)   | 3   | (FEI number,                      | if applicable)             | _          |
| 4   |  |   |                                   |                            |            |
|   | (Date first transacted business in Florida, if prior to<br>(See sections 605,0904 & 605,0905, F.S. to deterr   | o registration )<br>nine penalty liability) |                                   |                            |            |
| 1105 W. Peachtree Str<br>5.<br>(Street Address of Principal Office) | eet NE   | 6   | Mailing Address)                  |                            | _          |
| (Street Address of Principal Office)                                |  | 4.  | Mailing Address)                  |                            |            |
| Suite 1000  |  |   |                                   |                            |            |
| Atlanta, GA 30309   |  |   |                                   |                            |            |
| 7. Name and street address  | ss of Florida registered agent: (P.O. Bo   | x <u>NOT</u> accepta                        | able)                             | 2021                       |            |
| Name:   | Smith, Gambrell & Russell, LLP   |   |                                   | 1824 DEC 26                | HE AREA    |
| Office Address:   | 50 N. Laura Street, Suite 2600   |   |                                   | 944<br>74 PK               | mar.       |
|   | Jacksonville   |   | 32202<br>, Florida                | 7. 8                       |            |
|   | (City)   |   | (Zip code)                        | <del></del>                |            |
| designated in this applica<br>to comply with the provisi            | tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.  Hans-Michael Kraus (Registered agent) | as registered ag<br>er and complete         | gent and agree to act in i        | this capacity. I fur       | ther agree |

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:   | □Manager            | Name: Hans-Michael Kraus             |  |  |
| ■Member  | Address: 1105 W. Peachtree Street NE  | □Member             | Address: 1105 W. Peachtree Street NE |  |  |
| □Authorized  | Suite 1000  | ■Authorized         | Suite 1000                           |  |  |
| Person   | Atlanta, GA 30309   | Person              | Atlanta, GA 30309                    |  |  |
| Other  | Other   | □Other              | □Other                               |  |  |
| □Manager<br>□Member  | Name: Alexa C. Eyckeler  Name: 1105 W. Peachtree Street NE  Address: 105 W. Peachtree Street NE | □Manager<br>□Member | Name:Address:                        |  |  |
| ■Authorized  | Suite 1000  | □Authorized         |                                      |  |  |
| Person   | Atlanta, GA 30309   | 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. |   |                     |                                      |  |  |
| Hans-Michael Kraus   |   |                     |                                      |  |  |

Typed or printed name of signee

Control Number: 09080820

## STATE OF GEORGIA

### **Secretary of State**

**Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### US Investment AR Realty LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 28274621 Date Inc/Auth/Filed: 11/20/2009 Jurisdiction : Georgia Print Date : 12/26/2024 Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State