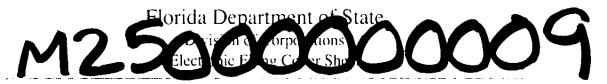
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## Foreign Limited Liability Company SBKLMFL001 LLC

Certificate of Status	1
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Help

K. Brumbley

## 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:

If name unavailable, enter alternate is	ame adopted for the purpose of transacting business in Flor	rida. The alternate name	must inclu	ide "Limited Liabil	aty Company," "I,	1, €," or "	110"1	
Delaware (Jurishitten under the law of wh	3. (FEI number, (fappiscable)							
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4	(Date first transacted business in Florida, if prior to re	existration )						
	(See sections 605 0904 & 605 0905, F.S. to determin	e penalty fiability)						
5 30 N LaSalle St, Suite 4140 6 30 f			N LaSalle St, Suite 4140					
Street Address of Principal Office)		(Mailin)	g Address	1				
Chicago, IL 60602 C			cago, IL 60602					
					···	-	-	
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					- 1	<u>,                                    </u>	· ;	
7. Name and street address	8 of Florida registered agent: (P.O. Box	NOT acceptable)	i			33		
						<u>~</u>		
Name:	United Agent Group Inc.				1 1.	A		
ranc.					크스	9: 45		
					(1)	-		
Office Address:	801 US Highway 1					cЛ		
Office Address:	801 US Highway 1	<del></del>			-	S		
Office Address:	801 US Highway 1  North Palm Beach	Fl	orida	33408	_	S		

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Blue Owl RE Fund VI Holdings LLC □Manager Name: □Manager Address: 30 N LaSalle St, Suite 4140 □ Member Address: **X**Member Chicago, IL 60602 ☐ Authorized □ Authorized Person Person □Other \_\_\_\_\_ □Other\_\_\_\_\_ ☐Other\_\_\_\_\_ □Other □Manager Name: □Manager Name: ☐Member Address: □Member Address: □ Authorized. □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Other Name: \_\_\_\_\_\_ Name: □Manager Manager Address: □ Member ■ 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 filling 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/ Andrew Morris Signature of an authorized person-

Andrew Morris
Typed or printed name of signee

30-Dec-2024 47:04 - 14154847068 p.4



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SBKLMFL001 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 THIRTIETH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SBKLMFL001 LLC" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2024.

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

Authentication: 205253882

Date: 12-30-24