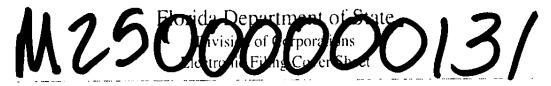
Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company SBKPAFL001 LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | l |
| Page Count | 04 |
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Help

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

IN COMPLIANCE WITH SECTION (05,002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED (TABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| i name iinavailable, enier asterniste na | me adopted for the purpose of transacting business in Flo | nda The al | ternate name must inclu | de "Limited Liability Comp | pany," "L.L.C." or "LLC | |
|--|---|-------------------|---|----------------------------|--|--|
| Delaware | | 3. | | (FEI number, if applies | | |
| (Jurisdiction under the law of wh | ich foseign limited läbility company is organized) | | | (FEI number, if applica | ıbie i | |
| | Date first transacted business in Florida, if prior to re | un tablem 1 | | | | |
| | (See sections 605 0804 & 605 0805; F.S. to determin | e penalty li | ability) | | | |
| 30 N LaSalle St, Suite 4140 | | | 6. 30 N LaSalle St, Suite 4140 (Mahing Address) | | | |
| reet Address of Principal Office) | | _ | (Mailing Address | | | |
| Chicago, IL 60602 | | Chicago, IL 60602 | | | | |
| | | - | | | | |
| Name and street address | of Florida registered agent: (P.O. Box | <u>NOT</u> ac | ceptable) | | | |
| | | | | | 6707 | |
| Name: | United Agent Group Inc. | | | | <u>. </u> | |
| | 00444045 | | | | 72 | |
| Office Address: | 801 US Highway 1 | | | | , | |
| | North Palm Beach | | , Florida _ | 33408 | - 3 | |
| | HORETT ANTI DEGCT | | | (Appeale) | ~ | |

Jenisa Turner Jenisa Turner, Special Secretary
(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 Capacity | <u>y:</u> | Name and Address: |
|--------------------|--|-------------------|-------------|---|
| ∐Manager | Name: Blue Owl RE Fund VI Holdings LLC | □Manager | Name: | |
| ⊠ Member | Address: 30 N LaSalle St, Suite 4140 | □Member | Address: | |
| □Authorized | Chicago, IL 60602 | □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/ Andrew Morns | |
|-----------------------------------|--|
| Signature of an authorized person | |
| Andrew Morris | |
| Eyped or printed name of signee | |

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SBKPAFLOOT 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 "SBKPAFL001 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: 205258007

Date: 12-30-24