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corporatecoounsel@hines.com

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Foreign Limited Liability Company **JCHILLC**

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T. LEWIFUX JAN 16 2025

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

IN COMPLIANCE WITH SECTION 605.002, PLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. JCHI LLC (Name of Foreign	Emitted Liability Company; must include "Limited	d Liability Compa	ny," "L.L.C.," or "LLC.")		_
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The alternate	name must include "Limited Liability (Company," "L.L.C," o	r*¶.t.C."
Delaware 2. (Jurisdiction under the law of which foreign limited liability company to organized		3	optionble)		
4	(Date first transacted business in Florida, if prior to 15ee sections 605,0904 & (05,0905, F.S. to determi	registration.) ne penalty liability)			
845 Texas Avenue, Suite 3300 5. (Street Address of Principal Office)			exas Avenue, Suite 3300	·- 	
Houston, Texas 77002			on. Texas 77002		
				25 (8)	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)	<u></u> 	
Name:	C T Corporation System			94:0:1	
Office Address:	1200 South Pine Island Road				
	Plantation (Civ.)		, Florida (Zip code)		
Registered agent's accen			(Zip code)		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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.

By:	C T Corporation System	Sandra	Zinah	Sandra Zwijack Asst. 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:	Name and Address:
⊡Manager	Name:	□Manager	Name:
□Member	Address: 845 Texas Avenue, Suite 3300	□Member	Address: 845 Texas Avenue, Suite 3300
■ Authorized	Houston, Texas 77002	■ Authorized	Houston, Texas 77002
Person		Person	
□Other	□ Other	□Other	□Other
□Manager	Name: Tracic Allgood	□Manager	Name:
□Member	Address: 845 Texas Avenue, Suite 3300	□Member	Address: 845 Texas Avenue, Suite 3300
■Authorized	Houston, Texas 77002	⊠Authorized	Houston, Texas 77002
Person		Person	
Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name: Steve Luthman
□Member	Address: 845 Texas Avenue, Suite 3300	□Member	Address: 845 Texas Avenue, Suite 3300
■Authorized	Houston, Texas 77002	■Authorized	Houston, Texas 77002
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.

087E84C0E06C4DE —	Signature of an authorized person	
Evan J. McCord		



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

DELAWARE, DO HEREBY CERTIFY "JCHI 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 FIFTEENTH DAY OF JANUARY, A.D. 2025.

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

Authentication: 202698710

Date: 01-15-25