

M25000008732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

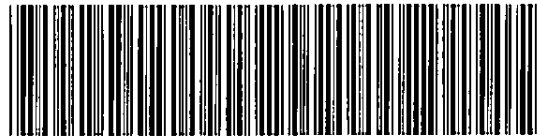
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2025 JUN 17 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 06/17/2025

Acc#I20160000072

en: c SW

Name:	AIREIT Medley IC LLC
Document #:	
Order #:	16372344

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

Filing: ☒	Certified: ☒	Email Address for Annual Report Notifications:
	Plain: ☐	
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Ref# _____

Amount: \$ **155.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AIREIT MEDLEY IC LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Leslie Green

Name of Person

Firm/Company

Address

City/State and Zip Code

LEGREEN@ARESMGMT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

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
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AIREIT Medley IC LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-1818255
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 1800 Avenue of the Stars
(Street Address of Principal Office)

6. 1800 Avenue of the Stars
(Mailing Address)

Suite 1400

Suite 1400

Los Angeles, CA 90067

Los Angeles, CA 90067

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 [Signature]
(Registered agent's signature)

FILED
2025 JUN 17 AM 9:15
CLERK OF DISTRICT COURT
STATE OF FLORIDA

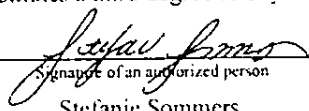
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>AIREIT Operating Partnership L P</u>	☐ Manager	Name: <u>Stefanie Sommers</u>
☒ Member	Address: <u>1800 Avenue of the Stars</u>	☐ Member	Address: <u>1800 Avenue of the Stars</u>
☐ Authorized	<u>Suite 1400</u>	☒ Authorized	<u>Suite 1400</u>
Person	<u>Los Angeles, CA 90067</u>	Person	<u>Los Angeles, CA 90067</u>
☐ Manager	Name: <u>Andrew Ko</u>	☐ Manager	Name: <u>Steve Young</u>
☐ Member	Address: <u>1800 Avenue of the Stars</u>	☐ Member	Address: <u>1800 Avenue of the Stars</u>
☒ Authorized	<u>Suite 1400</u>	☒ Authorized	<u>Suite 1400</u>
Person	<u>Los Angeles, CA 90067</u>	Person	<u>Los Angeles, CA 90067</u>
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: <u>Alisia Kemper</u>	☐ Manager	Name: <u>Cory Hopkins</u>
☐ Member	Address: <u>1800 Avenue of the Stars</u>	☐ Member	Address: <u>1800 Avenue of the Stars</u>
☒ Authorized	<u>Suite 1400</u>	☒ Authorized Person	<u>Suite 1400</u>
Person	<u>Los Angeles, CA 90067</u>		<u>Los Angeles, CA 90067</u>

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.


Signature of an authorized person
Stefanie Sommers

Typed or printed name of signee

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIREIT MEDLEY IC 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 SIXTEENTH DAY OF JUNE, A.D. 2025.

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



10227570 8300

SR# 20253085406

You may verify this certificate online at corp.delaware.gov/authver.shtml

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203957795

Date: 06-16-25