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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

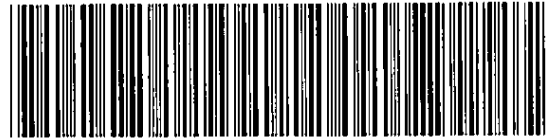
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAY 14 2019



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 05/14/2019

Name: Merritt Walker

Reference #: 1081947

Entity Name: MASTER LESSEE LOFTON PLACE LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount: \$125

Signature: mm

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MASTER LESSEE LOFTON PLACE 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:

ADAM D. GALE, ESQ.

Name of Person

BAKER HOSTETLER LLP

Firm/Company

45 ROCKEFELLER PLAZA

Address

NEW YORK, NEW YORK 10111

City/State and Zip Code

AGALE@BAKERLAW.COM

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

For further information concerning this matter, please call:

JEFFREY A. SLAVIN

Name of Contact Person

at ( 212 )

Area Code

847-4609

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy

\$160.00 Filing Fee, Certificate  
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. MASTER LESSEE LOFTON PLACE 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. \_\_\_\_\_  
(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. Two International, Floor 27  
(Street Address of Principal Office)

6. Two International, Floor 27  
(Mailing Address)

Boston, MA 02111

Boston, MA 02111

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(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.

Amitt Walker, Assl. Secretary  
(Registered agent's signature)

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CLERK OF COURT  
STATE OF FLORIDA

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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]:

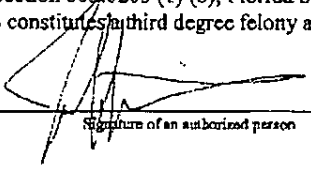
| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>   | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>                                |
|--|--|--|---|
| <input type="checkbox"/> Manager               | Name: <u>Erik Rijnbout</u>   | <input type="checkbox"/> Manager               | Name: <u>Jeffrey A. Slavin, Esq.</u>                    |
| <input type="checkbox"/> Member                | Address: _____   | <input type="checkbox"/> Member                | Address: <u>BakerHostetler</u>                          |
| <input checked="" type="checkbox"/> Authorized | <u>Two International Place, Floor</u><br><u>27, Boston, MA 02110</u> | <input checked="" type="checkbox"/> Authorized | <u>45 Rockefeller Plaza</u><br><u>New York, NY 1011</u> |
| Person   | _____  | Person   | _____   |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____                                 | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Manager               | Name: _____  | <input type="checkbox"/> Manager               | Name: _____   |
| <input type="checkbox"/> Member                | Address: _____   | <input type="checkbox"/> Member                | Address: _____  |
| <input type="checkbox"/> Authorized            | _____  | <input type="checkbox"/> Authorized            | _____   |
| Person   | _____  | Person   | _____   |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____                                 | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Manager               | Name: _____  | <input type="checkbox"/> Manager               | Name: _____   |
| <input type="checkbox"/> Member                | Address: _____   | <input type="checkbox"/> Member                | Address: _____  |
| <input type="checkbox"/> Authorized            | _____  | <input type="checkbox"/> Authorized            | _____   |
| Person   | _____  | Person   | _____   |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____                                 | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____                    |

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
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**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  
 Jeffrey A. Slavin, Esq.  
 \_\_\_\_\_  
Typed or printed name of signer

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MASTER LESSEE LOFTON PLACE 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 FOURTEENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MASTER LESSEE LOFTON PLACE LLC" WAS FORMED ON THE THIRTIETH DAY OF APRIL, A.D. 2019.

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



7398645 8300

SR# 20193854234

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202817409

Date: 05-14-19