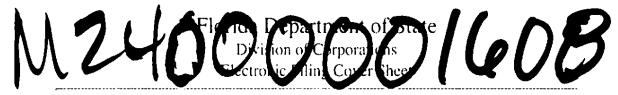
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Division of Corporations



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To:

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Fax Number : (850)617-6383

From:

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

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

Email Address: mgk@talonreit.com

### Foreign Limited Liability Company 10,000 Highway 55 #1, LLC

Certificate of Status	1
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

10,000 Highway (Name of Foreign	55 #1, LLC Limited Liability Company; must include "Limited	d Liability Company	r," "L.L.C.," or "LLC.")		
(If name unavailable, enter atternate	name adopted for the purpose of transacting business in Ele	orida. The alternate na	me must include "Limited Liability Company," "L.L.C," or "LLC."		
2. Colorado  (durisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number, if applicable)		
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration ) ne penalty liability)			
5. 788 Park Shore Dr (Street Address of Principal Office)		6. 788 Pa	6. 788 Park Shore Dr		
do Cassidy H10		c/o Ca	assidy H10		
Naples, FL 34103	3	Naples, FL 34103			
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptab	le)		
Name:	Matthew G Kaminski	<del></del>			
Office Address:	788 Park Shore Dr, c/o Cassi	dy H10			
	Naples (City)		Florida 34103		

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.

Rachal Joseph Rachel Joseph, Attorney-in-Fact
(Registered Jenn'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>:</u>	Name and Address:
⊠Manager	Name: Matthew G Kaminski	□Manager	Name:	
□Member	Address: 788 Park Shore Dr	□Member	Address:	
□Authorized	c/o Cassidy H10	□ Authorized		
Person	Naples, FL 34103	Person		
□Other	Other	□Other	<del></del>	Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	□Other	Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	<del></del>	
Person		Person		
□Other	Other	□Other		□Other

<u>Important Notice:</u> 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.

Rachel Joseph
Signature of an apparized ferson
V
Rachel Joseph, Attorney-in-Fact
Typed or printed name of signee

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# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I. Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

10,000 Highway 55 #1, LLC

is a

#### Limited Liability Company

formed or registered on 01/25/2024 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20241111433.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/22/2024 that have been posted, and by documents delivered to this office electronically through 01/26/2024 @ 14:30:25.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/26/2024 @ 14:30:25 in accordance with applicable law. This certificate is assigned Confirmation Number 15696349



Secretary of State of the State of Colorado

End of Certificate

Nonce: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and volidity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradovos.gov/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradovos.gov/click="Businesses, trademarks, trade names" and select="Frequently Asked Questions,"