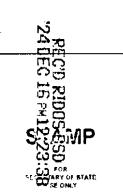


## State of Rhode Island Department of State - Business Services Division

## Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement: 1. The name of the limited liability company is: FIP Master Funding XXVII, LLC Is this company organized in its state or country of formation as a low-profit limited liability company? No 🚺 Yes The name, if different, under which it proposes to register and transact business in Rhode Island is. 2. The LLC is organized under the laws of: Delaware 3. The date of its organization is: 12/09/2024 And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going) □ Date certain for dissolution 4. The name and address of the resident agent/office in Rhode Island is: Agent Name Capitol Corporate Services, Inc. Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200 City/Town State Zip Code Warwick 02888 RHODE ISLAND 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Real estate investment

MAIL TO:

**Division of Business Services** 

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov STAMP
DEC 16 2024
DEC 16 2024
PORT 1 ONLY STATE

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PS

Check the box to indicate an attachment [

		led liability company for service of process if, at bund or served following the exercise of reasonable
7. The address of the office required to l if not so required, of the principal office of		untry of its organization by the laws of that state or, npany is:
2425 E. Camelback Road, Suite 800, Phoenix, AZ 85016		
8. The mailing address for the limited liability company is:		
2425 R. Camelback Road, Suite	800, Phoenix, AZ 85016	
9. Management of the Limited Liability Company: CHECK ONE BOX ONLY		
Members (Owners)  DO NOT complete the ch		anager(s). Complete the chart below.
	MANAGER(S) NAME	ADDRESS
	<b>Y</b>	Check the box to indicate an attachment
		nding/Letter of Status from the state or country of
formation dated within 60 days of the da		
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY		
Date received (Upon filing)		
Later effective date (Date must be no more than 90 days from the date of filing)		
Under penalty of perjury, I declare and a accompanying attachments, and that all		Application for Registration, including any re true and correct.
Type or Print Name of LLC		Date 12/13/2024
FIP Master Funding XXVII, LLC		
Signature of Authorized Person		
Matt Burbach		



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

DELAWARE, DO HEREBY CERTIFY "FIP MASTER FUNDING XXVII, 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 THIRTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIP MASTER FUNDING XXVII, LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2024.

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

10030486 8300 SR# 20244491867 Authentication: 205131080

Date: 12-13-24