

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

First: The name of the limited liability company is _____
QOZ Art Storage QOF 2019, LLC

Second: The address of its registered office in the State of Delaware is _____
Corporation Trust Center, 1209 Orange Street _____ in the City of Wilmington
Zip code 19801. The name of its Registered agent at such address is
The Corporation Trust Company

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is N/A _____.")

Fourth: (Insert any other matters the members determine to include herein.)

N/A

In Witness Whereof, the undersigned have executed this Certificate of Formation this
1st _____ day of July, 2019.

By: /s/ Paul Greco
Authorized Person (s)

Name: Paul Greco