

M22000003443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

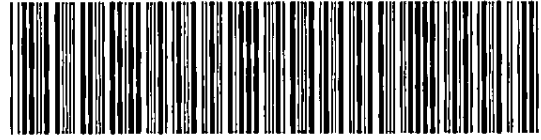
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W22000027852 *[Signature]*

Office Use Only



600382435926

FILED
2022 MAR - 7 AM 11:15
SECURITY
TALLAHASSEE, FL

RECEIVED
2022 MAR - 3 AM 11:54
SECURITY
TALLAHASSEE, FL

S. ROBERTS

MAR - 7 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 524886-005 *4303719*
AUTHORIZATION :
COST LIMIT : \$ 125.00

ORDER DATE : March 3, 2022
ORDER TIME : 8:55 AM
ORDER NO. : 524886-005
CUSTOMER NO: 4303719

FOREIGN FILINGS

NAME: RENDER SARASOTA OWNER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2022

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: RENDER SARASOTA OWNER, LLC
Ref. Number: W22000027852

We have received your document for RENDER SARASOTA OWNER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 022A00005296

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

RECEIVED
2022 MAR -7 PM 12:14
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Render Sarasota Owner, 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:

Kevin Curry

Name of Person

c/o FCP

Firm/Company

4445 Willard Avenue, Suite 900

Address

Chevy Chase, MD 20815

City/State and Zip Code

tax@fcpsc.com

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

For further information concerning this matter, please call:

Kevin Curry

240

395-2011

at ()

Name of Contact Person

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 &
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. Render Sarasota Owner, 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. Upon filing.
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o FCP
(Street Address of Principal Office)

4445 Willard Avenue, Suite 900

Chevy Chase, MD 20815

6. c/o FCP
(Mailing Address)

4445 Willard Avenue, Suite 900

Chevy Chase, MD 20815

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

FILED
 2022 MAR -7 AM 11:15
 COUNTY CLERK
 TALLAHASSEE, FL

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: Alexis Weinstock Assistant Vice President
(Registered agent'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:**

Manager Name: Esko I. Korhonen
 Member Address: c/o FCP
 Authorized 4445 Willard Avenue, Suite 900
 Person Chevy Chase, MD 20815
 Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Alex J. Marshall
 Member Address: c/o FCP
 Authorized 4445 Willard Avenue, Suite 900
 Person Chevy Chase, MD 20815
 Other _____ Other _____

Manager Name: Lacy I. Rice
 Member Address: c/o FCP
 Authorized 4445 Willard Avenue, Suite 900
 Person Chevy Chase, MD 20815
 Other _____ Other _____

Manager Name: Jason Bondarenko
 Member Address: c/o FCP
 Authorized 4445 Willard Avenue, Suite 900
 Person Chevy Chase, MD 20815
 Other _____ Other _____

Manager Name: Garland Faist
 Member Address: c/o FCP
 Authorized 4445 Willard Avenue, Suite 900
 Person Chevy Chase, MD 20815
 Other _____ Other _____

Manager Name: Render Sarasota Multifamily JV, LLC
 Member Address: c/o FCP
 Authorized 4445 Willard Avenue, Suite 900
 Person Chevy Chase, MD 20815
 Other _____ Other _____

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

Garland Faist

Garland Faist

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 "RENDER SARASOTA OWNER, 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 THIRD DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RENDER SARASOTA OWNER, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

6648751 8300

SR# 20220865008

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

Authentication: 202813016

Date: 03-03-22