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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON
Account Number : 076376001555
Phone : (803)255-9617
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tpeterson@altmancos.com

2022 AUG 26 PM 1:42

2022 AUG 16 AM 11:31

Foreign Limited Liability Company
Lake Willis II Owner, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LAKE WILLIS II OWNER, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. SS-3110925

(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 perjury liability)

5. 201 E LAS OLAS BOULEVARD, SUITE 1900

(Street Address of Principal Office)

6. 201 E LAS OLAS BOULEVARD, SUITE 1900

(Mailing Address)

FORT LAUDERDALE, FL 33301

FORT LAUDERDALE, FL 33301

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

Name: BCRA, LLC

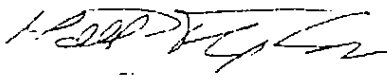
Office Address: 1905 NW CORPORATE BLVD, SUITE 310

BOCA RATON, Florida 33431

(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.



(Registered agent's signature)

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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]:

Title or Capacity: Manager
Name and Address: Name: Lake Willis II Intermediate, LLC
 Address: 201 E Las Olas Boulevard
Suite 1900
Fort Lauderdale, FL 33301
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: Jeffery A. Roberts
 Address: 201 E Las Olas Boulevard
Suite 1900
Fort Lauderdale, FL 33301
 Other Vice President _____ Other _____

Manager
Name: Timothy A. Peterson
 Member
Address: 201 E Las Olas Boulevard
 Authorized
Suite 1900
Fort Lauderdale, FL 33301
 Other Vice President _____ Other _____

Manager
Name: Andrew Meran
 Member
Address: 201 E Las Olas Boulevard
 Authorized
Suite 1900
Fort Lauderdale, FL 33301
 Other VP and Asst Sec _____ Other _____

Manager
Name: _____
 Member
Address: _____
 Authorized

 Person

 Other _____ Other _____

Manager
Name: _____
 Member
Address: _____
 Authorized

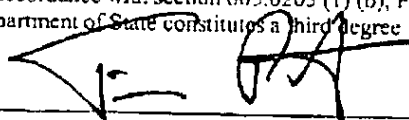
 Person

 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
 Timothy A. Peterson, Vice President

 Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAKE WILLIS II 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 TWENTY-SIXTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAKE WILLIS II OWNER, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2022.

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6879612 8300

SR# 20223368551

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

Authentication: 204255299

Date: 08-26-22