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D	11/07/2022 W: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Acc#I20160000072
Name:	GEP XI Nova Road, LLC
Document #:	
Order #:	14619488
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Thank you!

:

Registration Section

TO:

COVER LETTER

Name	of Limited Liability Company		
osed "Application by Foreign Limited Liability C e, and check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Coreferenced foreign limited liability company to transact business		
turn all correspondence concerning this matter to	the following:		
	J. Derek Ramsey		
	Name of Person		
Gl	EP XI Nova Road, LLC		
	Firm/Company		
	465 Meeting St. #500		
	Address		
(,	tharleston, SC 29403		
C	ity/State and Zip Code		
	ramsey@greystar.com		
E-mail address: (to be	used for future annual report notification)		
er information concerning this matter, please cal	lk:		
J. Derek Ramsey	843 579-9400 at ()		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations The Contra of Tallahassas		
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314	Tallahassee, FL 32303		
Enclosed is a check for the following amount:			

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

IN COMPLIANCE WITH SECTION 605-0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GEP XI Nova Road, LI (Name of Foreign I	amited Liability Company, must include "Limited	Liability Company, ""L.L.C.," or "LLC")	
If name unavailable, enter alternate n	ance adopted for the purpose of transacting business in He	onda. The alternate name must include "Limited L	iability Company," "L.I. C." or "LI.C."
Delaware		88-3914236	
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)	3(FEI num	ber, it applicable)
,			
	(Date first transacted business in Florida, if prior to i (See sections 605 0904 & 605 0905, F.S. to determine	egistration) ne penalty liability)	
465 Meeting Street		6. (Mailing Address)	
treet Address of Principal Office)		(Mailing Address)	
Suite 500		Suite 500	
Charleston, SC 29403		Charleston, SC 29403	2
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	1922 NOV -
Name:	C T Corporation System		7 Pr
Office Address:	1200 South Pine Island Road		나: 2나 SIAIE 단하기
	Plantation	33324 , Florida	
	(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.

C T Corporation System

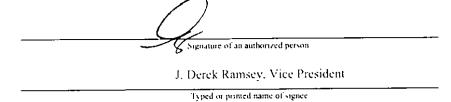
By: David Westcott Assistant Secretary

(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

itle or Capacity:	Name and Address:	<u>Title or Capacity:</u>	Name and Address:
]Manager	Name: GEP XI Nova Road Holdco, LLC	□Manager	Name: Robert A. Faith
]Member	Address: 465 Meeting Street, Suite 500	□Member	Address: 465 Meeting Street, Suite 50
]Authorized	Charleston, SC 29403	□Authorized	Charleston, SC 29403
Person	***	Person	
Other	Other	President ⊕ Other	Other
Manager	Name:	□Manager	Name: Wesley H, Fuller
Member	Address: 465 Meeting Street, Suite 500	□Member	Address: 465 Meeting Street, Suite 5
Authorized	Charleston, SC 29403	□Authorized	Charleston, SC 29403
Person		Person	
Other	dent □Other	☑Other	ent Other
Manager	Name: William C. Maddux	□Manager	J. Derek Ramsey
Member	Address: 465 Meeting Street, Suite 500	□Member	Address: 465 Meeting Street, Suite 5
Authorized	Charleston, SC 29403	□Authorized	Charleston, SC 29403
Person		Person	
Vice Presi Other		▼Other	
ndexed individuals	Jse an attachment to report more than six (6). Ts may be added to the index when filing your Florificate of existence, no more than 90 days old.	orida Department of State	2 Annual Report form.

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.



Attachment for Item 8 (List of Additional Managers/Members/Authorized Persons)

1. Name: James O'Brien

Address: 465 Meeting Street, Suite 500, Charleston, SC 29403 Title or Capacity: Vice President





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

DELAWARE, DO HEREBY CERTIFY "GEP XI NOVA ROAD, 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 NOVEMBER, A.D. 2022.

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

Authentication: 204771636

Date: 11-03-22

6986585 8300

SR# 20223931763