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Division of Corporations

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: mike.sullivan@greystar.com

2023 JAN 6 11:21 AM

2023 JAN -6 AM 9:21

Foreign Limited Liability Company  
GEP XI RIDGEVIEW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JAN - 9 2023

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. GEP XI Ridgeview, 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. (Date first transacted business in Florida, if prior to registration)
(See sections 605.090-1 & 605.0903, F.S. to determine penalty liability)

5. 465 Meeting Street (Street Address of Principal Office)
Suite 500
Charleston, SC 29403
6. 465 Meeting Street (Mailing Address)
Suite 500
Charleston, SC 29403

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

Name: C.T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

By: C.T Corporation System
(Registered agent's signature)

2023 JAN 6 AM 9:21

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: Robert A. Faith

Member            Address: 465 Meeting Street

Authorized        Suite 500

Charleston, SC 29403

Person \_\_\_\_\_

Other President                       Other \_\_\_\_\_

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

Manager          Name: A. Joshua Carper

Member            Address: 465 Meeting Street

Authorized        Suite 500

Charleston, SC 29403

Person \_\_\_\_\_

Other Vice President                       Other \_\_\_\_\_

Manager          Name: Wesley H. Fuller

Member            Address: 465 Meeting Street

Authorized        Suite 500

Charleston, SC 29403

Person \_\_\_\_\_

Other Vice President                       Other \_\_\_\_\_

Manager          Name: William C. Maddux

Member            Address: 465 Meeting Street

Authorized        Suite 500

Charleston, SC 29403

Person \_\_\_\_\_

Other Vice President                       Other \_\_\_\_\_

Manager          Name: James O'Brien

Member            Address: 465 Meeting Street

Authorized        Suite 500

Charleston, SC 29403

Person \_\_\_\_\_

Other Vice President                       Other \_\_\_\_\_

Manager          Name: J. Derek Ramsey

Member            Address: 465 Meeting Street

Authorized        Suite 500

Charleston, SC 29403

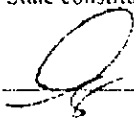
Person \_\_\_\_\_

Other Vice President                       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

J. Derek Ramsey

Typed or printed name of signer

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GEP XI RIDGEVIEW, 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 SIXTH DAY OF JANUARY, A.D. 2023.

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



7052576 8300

SR# 20230049884

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)Handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202436620

Date: 01-06-23