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Name:	GS Bayside Managing Member, LLC
Document #:	
Order #:	16508771

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Amount: $ 155.00

Thank you!

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. GS Bayside Managing Member, 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. 33-4474848
(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 penalty liability.)

5. 465 Meeting Street
Suite 500
Charleston, South Carolina 29403
(Street Address of Principal Office)

6. 465 Meeting Street
Suite 500
Charleston, South Carolina 29403
(Mailing Address)

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)

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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: David Westcott, 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 manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐Manager	Name: Greystar Development Manager, LLC	☐Manager	Name: Lewis Stoneburner
☒Member	Address: 465 Meeting Street, Suite 500	☐Member	Address: 465 Meeting Street, Suite 500
☐Authorized Person	Charleston, South Carolina 29403	☐Authorized Person	Charleston, South Carolina 29403
☐Other_____	☐Other_____	☒Other Vice President	☐Other_____
☐Manager	Name: David King	☐Manager	Name: Michael Sullivan
☐Member	Address: 465 Meeting Street, Suite 500	☐Member	Address: 465 Meeting Street, Suite 500
☐Authorized Person	Charleston, South Carolina 29403	☐Authorized Person	Charleston, South Carolina 29403
☒Other Vice President	☐Other_____	☐Other Vice President	☐Other_____
☐Manager	Name: Matthew Warren	☐Manager	Name: Laurie Funk
☐Member	Address: 465 Meeting Street, Suite 500	☐Member	Address: 465 Meeting Street, Suite 500
☐Authorized Person	Charleston, South Carolina 29403	☐Authorized Person	Charleston, South Carolina 29403
☒Other Vice President	☐Other_____	☒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.

Michael Sullivan

Signature of an authorized person

Michael Sullivan

Typed or printed name of signee

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

1. **Name:** Robert A. Faith
   Address: 465 Meeting Street, Suite 500, Charleston, South Carolina 29403
   Title or Capacity: President

2. **Name:** Wesley H. Fuller
   Address: 465 Meeting Street, Suite 500, Charleston, South Carolina 29403
   Title or Capacity: Vice President

3. **Name:** J. Derek Ramsey
   Address: 465 Meeting Street, Suite 500, Charleston, South Carolina 29403
   Title or Capacity: Vice President, Secretary & Treasurer

4. **Name:** Ashley Heggie
   Address: 465 Meeting Street, Suite 500, Charleston, South Carolina 29403
   Title or Capacity: Vice President

5. **Name:** Todd Wigfield
   Address: 465 Meeting Street, Suite 500, Charleston, South Carolina 29403
   Title or Capacity: Vice President

6. **Name:** Kurt Wolber
   Address: 465 Meeting Street, Suite 500, Charleston, South Carolina 29403
   Title or Capacity: Vice President

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GS BAYSIDE MANAGING MEMBER, 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-FIFTH DAY OF AUGUST, A.D. 2025.

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

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

10154179 8300

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Date: 08-25-25

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