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(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

08/26/2025

Date:

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		Acc#I20160000072			
Name:	GS Bayside Managing Member, LLC				
Document #:					
Order #:	16508771				
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of					
Apostille/Notarial Certification:		Country of Destination: Number of Certs:			
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	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 COMPANYTOTRANSACTBUSINESS INTHE STATEOFFLORIDA:

lf name unavailable, enter alternate ni	ame adopted for the purpose of transacting business in Flo	orida The a	ilternate name in	nust include "Limited Lia	bility Company,"	"I. L. C," or	"LLC.")
Delaware 2. (Jurisdiction under the law of which foreign limited liability company is organized)		3		33-4474848			
		٠, ر		(f [†] f:! number, if applicable)			
4	(Date first transacted business in Florida, if prior to	registration	.) Irabilus (
(See sections 605,0904 & 605,0905, F.S. to determin 465 Meeting Street 5. (Street Address of Principal Office)			465 Meeti	ng Street			
Street Address of Principal Office)			(Mailin	g Address)			
Suite 500		Suite 500					
Charleston, South Carolina 29403		Charleston, South Carolina 29403					
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT a	icceptable)		; -	202	
Name:	C T Corporation System				:	2025 AUG 2	Fater:
Office Address:	1200 South Pine Island Road					5 AH	
	Plantation		, F	33324 lorida		5: 43	6
	(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.

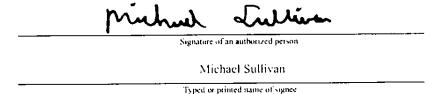
Ву:	David Westcott	.David	Westcott, Assistant Secretary				
(Registered agent's signature)							

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	Charleston, South Carolina 29403	□Authorized	Charleston, South Carolina 29403
Person		Person	
□Other	Other	Other	lent Other
□Manager	Name:	□Manager	Michael Sullivan
□Member	Address: 465 Meeting Street, Suite 500	□Member	Address: 465 Meeting Street, Suite 500
□Authorized	Charleston, South Carolina 29403	□Authorized	Charleston, South Carolina 29403
Person		Person	
■OtherVice Presid	ent Other	□Other	lent □Other
□Manager	Name: Matthew Warren	□Manager	Name: Laurie Funk
□Member	Address: 465 Meeting Street, Suite 500	□Member	Address: 465 Meeting Street, Suite 500
□Authorized	Charleston, South Carolina 29403	□Authorized	Charleston, South Carolina 29403
Person		Person	
▼Other	lent	■Other Vice Presid	lent 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.



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

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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.

Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchez

Authentication: 204570600

Date: 08-25-25