

5/18/22, 10:08 AM

Division of Corporations

Florida Department of State

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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: _____

**Foreign Limited Liability Company
Foundry Lakeside Station V, 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Foundry Lakeside Station V, 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. applied for

(FBI number, if applicable)

4. Upon qualification

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 420 S. Orange Avenue

(Street Address of Principal Office)

6. (Mailing Address)

Suite 400

Orlando, FL 32801

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

Name: Amy Patterson

Office Address: 420 S. Orange Avenue, Suite 400

Orlando

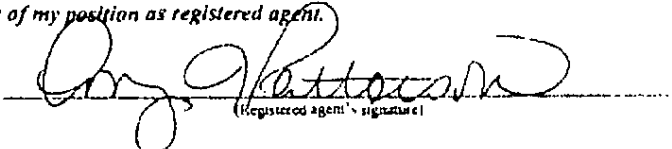
(City)

32801
Florida

(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: **Name and Address:**

☐ Manager Name: Pryse R. Elam

☐ Member Address: 420 S. Orange Avenue

☐ Authorized Suite 400

Person Orlando, FL 32801

☒ Other President ☐ Other

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

☐ Manager Name: Jonathan Balthrop

☐ Member Address: 420 S. Orange Avenue

☐ Authorized Suite 400

Person Orlando, FL 32801

☒ Other Vice President ☐ Other

☐ Manager Name: David Auld

☐ Member Address: 420 S. Orange Avenue

☐ Authorized Suite 400

Person Orlando, FL 32801

☒ Other VP ☐ Other

☐ Manager Name: James Wells

☐ Member Address: 420 S. Orange Avenue

☐ Authorized Suite 400

Person Orlando, FL 32801

☒ Other VP ☐ Other

☐ Manager Name: Moses Salcido

☐ Member Address: 420 S. Orange Ave.

☐ Authorized Suite 400

Person Orlando, FL 32801

☒ Other VP ☐ Other

☐ Manager Name: Rayanne Charles

☐ Member Address: 420 S. Orange Avenue

☐ Authorized Suite 400

Person Orlando, FL 32801

☒ Other Secretary ☐ 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.

Pryse R. Elam

Signature of an authorized person

Pryse R. Elam

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOUNDRY LAKESIDE STATION V, 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 EIGHTEENTH DAY OF MAY, A.D. 2022.

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State