Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000375602 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)
Account Number : 103731001374
Phone : (407)418-2435 : (407)420-5909 Fax Number

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

Email Address: jhalli@swireprops.com

Foreign Limited Liability Company 50A Developer LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu

Help

From: Heather Irving

(((11220003756023)))

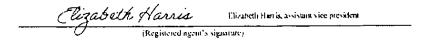
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in Ek	anda 21 baraharan		a 11 canada 1 labeler	L'orpani, " "I	1 1 1 2 2 2 2 1 1 4	
	ame adopted for the purpose of transacting business in Fi	enda, The alternat	te name must meno	e Chaited Chibiniy	Company, L	120, 0 1.1.4	
Delaware		non 3.					
(Jurisdiction under the law of wi	nich foreign limited liability company is organized)			(H.I minsber, if a	ppl cable)		
Upon qualification							
	(Date liss) transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	egistration) ne penalty liabilir	> 1		.		
		SAN	1E				
treet Address of Principal Office)		6	(Mailing Address)				
98 SE 7th Street, Suite	500				, -	77.77	
Miami, FL 33131					;··	20 % 031	
Name and street address	s of Florida registered agent: (P.O. Box	NOT accep	stable)			72 HOME AND - 2: PS	
Name:	Corporation Service Company				ť		
Office Address:	1201 Hays Street				•	2: 04	
	Tallahassee		31 . Florida	2301			
	(Cny)			(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.



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To: 18506176383 -- Page: 3 of 4 2022-11-02 16 21:12 EDT 14076508411 From: Heather Irving

(((H22000375602 3)))

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: Timothy Joseph Blackburn	□Manager	Name: Kieran Bowers
□Member	Address; 98 S.E. 7th St.	□Member	Address: 98 S.E. 7th St.
□Authorized	Suite 500	□Authorized	Suite 500
Person	Miami, FL 33131	Person	Miami, FL 33131
☐Other	□Other	Pres., Sec.	
□Manager	Name:	∏Manager	Name: Andrew Murray Clarke
□Member	Address: 98 S.E. 7th St.	□Member	Address: 98 S.E. 7th St.
□Authorized	Suite 500	□ Authorized	Suite 500
Person	Miami, FL 33131	Person	Miami, FL 33131
□Other VP	□Other	Other CFO	□Other
□Manager	Name: Samuel Matthew Mazman	□Manager	Name:
□Member	Address: 98 S.E. 7th St.	□Member	Address:
□Authorized	Suite 500	□Authorized	
Person	Miami, FL 33131	Peixon	
©Other	□Other	□Other	☐ 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 \$ \$17.155, F.S.

1st Jaymo Halli					
Signature of an authorized person					
Jayme Halli, Authorized Representative					
Typed or printed raine of signed					

(((1122000375602 3)))

<u>Delaware</u>

Page 1

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

DELAWARE, DO HEREBY CERTIFY "50A DEVELOPER 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 SECOND DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "50A DEVELOPER LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2022.

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

7101190 8300

SR# 20223922288

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

Authentication: 204762812

Date: 11-02-22