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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

: (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future

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Reunion at 400 LP

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From: Ranae McGra

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

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|-----------|--------------|------------|-----------------|----|
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(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Lonited, L.P., UP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. 04-09-2021 , Delaware State or Country of Formation 4. Federal Employer Identification Number: 5. Name of Registered Agent for Service of Process and Florida Street Address: C T Corporation System 1200 S. Pine Island Road Plantation, FL 33324 6. 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. Madonna Cuddihy Signature of Registered Agent **Assistant Secretary** 7. Principal Office: 8. Mailing Address: 4890 W. Kennedy Blvd., Suite 240 4890 W. Kennedy Blvd., Suite 240 Tampa, FL 33609 Tampa, FL 33609 9. If limited partnership is a limited liability limited partnership, check hox , 10. Name, principal office address, and mailing address of each general partner: Name of Reunion at 400 GP LLC Name of Gen Ptr.: Gen. Ptr.: 4890 W Kennedy Blvd., #240 Street Address: Street Address: Tampa, FL 33609 4890 W Kennedy Blvd., #240 Mailing Address: Mailing Address: Tampa, FL 33609 Name of General Partners Name of General Partner: Street Address: Street Address: Mailing Address: Mailing Address:

| Name of Genera | | Name of General Partner: |
|--|---|---|
| Street Address: | | Street Address: |
| Mailing Address | : | Mailing Address: |
| 12. Attached is a cer Florida Department | tificate of existence duly authenticated, not of State, by the Secretary of State or other of | more than 90 days prior to the delivery of this application to the |
| the law of which it is | 26th day of Apr | 2021 SPALC, General Partner President |
| The individual signi submitted in a docur | ng this document affirm that the facts stated | herein are true and the individual is aware that false information a third degree felony as provided for in s.817.155, F.S. |
| Co | rtified Copy (optional): 5 | 1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) 52.50 8.75 |

Page 2 of 2

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "REUNION AT 400 LP" 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 TWELFTH DAY OF APRIL, A.D. 2021.

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

Authentication: 202943114

5828635 8300 SR# 20211256521

Date: 04-12-21