MB00001686

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Cityle Little Liph Holle H)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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2018 FEB 16 A 10: 51

18 FEB 16 AH II: IL

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 073872 4312431

AUTHORIZATION : Carelle on o

COST LIMIT : (\$/160.00

ORDER DATE: February 15, 2018

ORDER TIME : 9:57 AM

ORDER NO. : 073872-010

CUSTOMER NO: 4312431

FOREIGN FILINGS

NAME: LAKESIDE III ASSOCIATES,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

		Name of	Limited Liability (Company				
		reign Limited Liability Comped to register the above refer						
lease return a	ll correspondence	concerning this matter to the	following:					
	Richard B. Frie	ed						
	*****	N	ame of Person					
	c/o Maritime N	Management, LLC						
		F	irm/Company		_			
•	One Maritime	Plaza, Suite 2100						
			Address				2018	
	San Francisco,	California 94111				-	633	ا العملة العملي
		City/S	tate and Zip Code			13.5	9	
	jmilling@farallo	oncapital.com				——————————————————————————————————————	Þ	ger s
		E-mail address: (to be use	d for future annual	report not	ification)	i	<u>⇔</u>	
or further info	ormation concernir	ng this matter, please call:				,,,,	115	
Rich	ard B. Fried		415 at (421-2	151			
	Name o	of Contact Person	Area Code	Day	time Telephone Nur	nber		
Divisi Regisi P.O. I	on of Corporations tration Section Box 6327 tassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding centive Center Circle see, FL 32301	:		
	heck for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	■ \$160,00 Filing of Status & Certif			

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

 			any," "L. L.C.," or "LLC.")	
	same adopted for the purpose of transacting busine	ess in Florida. The alternate r	ame must include "Limited Lisbr	thry Company," "L.L.C," or "LLC,")
Delaware	, , , , , , , , , , , , , , , , , , , 	3	Joseph	
(Jurisdiction under the law of w	hich foreign limited liability company is organized	1)	(Fish number	er, if applicable)
Upon registration				
	(Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. to	prior to registration.) o determine penalty hability)		
One Maritime Plaza, S		6. One	Maritime Plaza, Suite 2	2100
(Street Address of I San Francisco, Californ		Con I	(Mailing Addee Francisco, California 94	
Dan Francisco, Carron	114 74111		rancisco, Camorina 7-	
. Name and street addres	ss of Florida registered agent: (P.C). Box <u>NOT</u> accept	able)	
Name:	Corporation Service Company		-	
Office Address:	1201 Hays Street		_	
	Tallahassee		Planida 32301	
	(City)		, Florida 32301 (Zip code	
egistered agent's accep	tance:			س ے ر سے
	Corpotation General Company By: (Registered	l agent's signature)	ity to manage is/are:	Asst. Vice Pres
	acity and address of the person(s) v		_	
Title or Capacity:	Name and Address:		Capacity:	Name and Address:
Title or Capacity:			Capacity:	
Title or Capacity:	Name and Address:		Capacity:	
Title or Capacity:	Name and Address:		Capacity:	
Title or Capacity:	Name and Address:		Capacity:	
Title or Capacity:	Name and Address:		Capacity:	
Title or Capacity:	Name and Address:		Capacity:	
Title or Capacity: See A Use attachments if neces Attached is a certificate prisdiction under the law-	Name and Address: Attachment A sary) of existence, no more than 90 days of which it is organized. (If the cer	Title or	ated by the official hav	Name and Address:
Title or Capacity: See A Use attachments if neces Attached is a certificate prisdiction under the law of the translator must be su	Name and Address: Attachment A sary) of existence, no more than 90 days of which it is organized. (If the cerubmitted)	rs old, duly authentic	ated by the official haven language, a translation	ving custody of records in the
Use attachments if neces Attached is a certificate urisdiction under the law of the translator must be su This document is executed.	Name and Address: Attachment A sary) of existence, no more than 90 days of which it is organized. (If the cer	rs old, duly authentic rtificate is in a foreig	rated by the official have a language, a translation da Statutes. I am aware	ving custody of records in the on of the certificate under oatlest that any false information
Use attachments if neces Attached is a certificate urisdiction under the law of the translator must be su This document is executed.	Sary) of existence, no more than 90 days of which it is organized. (If the cerubmitted) uted in accordance with section 60 to the Department of State constitute	rs old, duly authentic rtificate is in a foreig 5.0203 (1) (b), Flori es a third degree felo	ated by the official have an language, a translation da Statutes. I am aware any as provided for in s	ving custody of records in the on of the certificate under oatlest that any false information
Use attachments if neces Attached is a certificate urisdiction under the law of the translator must be su This document is executed.	Sary) of existence, no more than 90 days of which it is organized. (If the cerubmitted) uted in accordance with section 60 to the Department of State constitute	rs old, duly authentic rtificate is in a foreig	ated by the official have an language, a translation da Statutes. I am aware any as provided for in s	ving custody of records in the on of the certificate under oatlest that any false information
Use attachments if neces Attached is a certificate urisdiction under the law of the translator must be su This document is executed.	Sary) of existence, no more than 90 days of which it is organized. (If the cerubmitted) uted in accordance with section 60 to the Department of State constitute	rs old, duly authentic rtificate is in a foreig 5.0203 (1) (b), Flori es a third degree felo	ated by the official have an language, a translation da Statutes. I am aware any as provided for in s	ving custody of records in the on of the certificate under oatlest that any false information

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

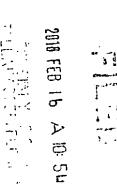
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Name and Address

Richard B. Fried e/o Maritime Management, LLC One Maritime Plaza, Suite 2100 San Francisco, California 94111

Title or Capacity

Authorized signatory of Maritime Management, LLC, manager of Jacksonville NR Investors, LLC, managing member of Jacksonville NR Associates, LLC, sole member of Jacksonville NR Mezzanine, LLC, sole member of the applicant



Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LAKESIDE III ASSOCIATES, 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

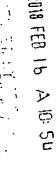
OFFICE SHOW, AS OF THE THIRTEENTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAKESIDE III

ASSOCIATES, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D.

2018.

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



Authentication: 202146314

Date: 02-13-18

6749991 8300 SR# 20180971013