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Fax Number : (850) 617-6383

From: Account Name : LOWNDERS, BROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072700000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444  
*Tami Passley*

\*\*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 I, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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2019 APR 26 AM 11:55

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

IN COMPLIANCE WITH SECTION 605.062, 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 I, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name accepted 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 605.052 & 605.053, F.S. to determine timely liability)

5. 420 S. Orange Avenue, Suite 950

(Street Address of Principal Office)

Orlando, Florida 32801

6. 420 S. Orange Avenue, Suite 950

(Mailing Address)

Orlando, Florida 32801

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

Name: NRAT Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.

Judith Argao  
Vice President  
and Assistant Secretary

(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):

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>                    | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|---------------------------------------------|---------------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Foundry Lakeside Station I Owner, LLC | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member  | Address: 420 S. Orange Avenue               | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | Suite 950                                   | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | Orlando, Florida 32801                      | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager            | Name: _____                                 | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: _____                              | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | _____                                       | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____                                       | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager            | Name: _____                                 | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: _____                              | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | _____                                       | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____                                       | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

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**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.

Signature of an authorized person

Jason S. Rimes

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOUNDRY LAKESIDE STATION I, 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-THIRD DAY OF APRIL, A.D. 2019.

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

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AND  
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SECRETARY OF STATE  
DELAWARE



7378570 8300

SR# 20193066539

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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 in a small font.

Authentication: 202689745

Date: 04-23-19