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From:
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED,
Account Number : 072720000036
Phone : (407)843-4600
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Attn: Tami Passley

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**Foreign Limited Liability Company**
**Foundry AMS Developer, LLC**

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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 AMS Developer, 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. 84-3176258
(FEI number, if applicable)

4. Upon qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 865.0904 & 605.0905, F.S. re: determine penalty liability)

5. 420 S. Orange Avenue
(Street Address of Principal Office)
Suite 950
Orlando, Florida 32801

6. 420 S. Orange Avenue
(Mailing Address)
Suite 950
Orlando, Florida 32801

2019 SEP 26 AM 9:45

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

Name: NRAI 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.***

Kathy A. Whitehouse, Asst. Secretary
(Registered agent's signature)

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<br>☒ Member<br>☐ Authorized Person<br>☐ Other | Name: Foundry Commercial, LLC<br>Address: 420 S. Orange Avenue<br>Suite 950<br>Orlando, Florida 32801 | ☐ Manager<br>☐ Member<br>☐ Authorized Person<br>☒ Other P | Name: Pryse R. Elam<br>Address: 420 S. Orange Avenue<br>Suite 950<br>Orlando, Florida 32801 |
| ☐ Manager<br>☐ Member<br>☐ Authorized Person<br>☒ Other VP | Name: Paul B. Ellis<br>Address: 420 S. Orange Avenue<br>Suite 950<br>Orlando, Florida 32801 | ☐ Manager<br>☐ Member<br>☐ Authorized Person<br>☒ Other VP | Name: Scott Renaud<br>Address: 420 S. Orange Avenue<br>Suite 950<br>Orlando, Florida 32801 |
| ☐ Manager<br>☐ Member<br>☐ Authorized Person<br>☒ Other S T | Name: Kevin R. Maddron<br>Address: 420 S. Orange Avenue<br>Suite 950<br>Orlando, Florida 32801 | ☐ Manager<br>☐ Member<br>☐ Authorized Person<br>☐ Other | Name:<br>Address: |

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

Joaquin E. Martinez

Typed or printed name of signer

2019 SEP 26 AM 9:47

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOUNDRY AMS 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2019.*

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

7625509 8300

SR# 20197239611

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

Authentication: 203673192

Date: 09-26-19