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(Req	uestor's Name)			
bbA)	ress)			
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PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer;				

Office Use Only



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19 KOV 25 TOTAL 2019 KD 25 KD 10:

T GLASS NOV 2 6 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 056669 7:

AUTHORIZATION: Spelle Clare

COST LIMIT : \$ 125.00

ORDER DATE: November 19, 2019

ORDER TIME : 8:49 AM

ORDER NO. : 056669-010

CUSTOMER NO: 7283904

FOREIGN FILINGS

NAME: 4050 ROCKY CIRCLE GROUND

OWNER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

Registration Section

TO:

Div	rision of Corporation	ns			
SUBJECT:	4050 Rocky Circle C	Ground Owner LLC			
		Name of Lim	ited Liability	Company	-
				ation to Transact Business in Florida ited liability company to transact bus	
Please return	all correspondence co	oncerning this matter to the follo	owing:		
	Irina Shurinova				
		Name	of Person		_
	iStar Inc.				
Firm/Company 1114 Avenue of the Americas, 39th Floor Address		_			
		Address			
	New York, NY	10036			20
		City/State	and Zip Code	•	
	ishurinova@istar.	.com			2
		E-mail address: (to be used for	future annua	report notification)	- (C)
For further in	nformation concerning	g this matter, please call:			, 10: 29
1rii	na Shurinova	at	415	263-8643	: 29
<u>-</u>	Name of	Contact Person	Area Code	Daytime Telephone Number	_
Div Reg P.O	ision of Corporations distration Section Box 6327 lahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	losed is a check for the ase make check payabl	e following amount: le to: FLORIDA DEPARTME	NT OF STA	TE	
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & S160.00 Filing fed Copy of Status & Ce	

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;

(Name of Foreign	Limited Liability Company; must include "Limit	ed Liabilit	y Company," "L	L.C.," or "LI,C.")	
f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	onda. The a	Iternate name must	include "Limited Liability Compan	y," "L.L.C," or "LL.C
Delaware					
	hich foreign limited liability company is organized)	3.		(FEI number, it applicab	de)
				(*	,
upon filing					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S.) to determ	registration	hability)		
1114 Avenue of the		,	same		
(Street Address of I	Principal Office)	6.		(Mailing Address)	22
39th Floor					Tel Tel
New York, NY 10036	6				25
				·	
Name and street address	s of Florida registered agent: (P.O. Box	K <u>NOT</u> a	acceptable)		62:01
Name:	Corporation Service Company				
Office Address:	1201 Hays Street				
	Tallahassee		. Flori	32301	
	(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.

Corporation concide Company

(Registered quest's signature)

(Registered quest's signature)

Roxanne Turner Asst. Vice President

(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	Name: CARET Ventures LLC	Manager	Name: Geof	frey M. Dugan
Member	Address: 1114 Avenue of the Americas	☐ Member		14 Avenue of the Americas
Authorized	39th Floor	Authorized	39th Floor	
Person	New York, NY 10036	Person	New York, N	NY 10036
Other	Other	■ Other		Other
Manager	Name:	☐ Manager	Name:	
☐Member	Address:	☐ Member		
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other ~
				Other N
☐Manager	Name:	Manager	Name:	2
□Member	Address:	Member	Address:	-
Authorized		Authorized		<u> </u>
Person		Person		
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 s.817.155, F.S.

Shaller M Ducen	
Signature of an authorized person	
Geoffrey M. Dugan, Authorized Person	
Typed or printed name of signee	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "4050 ROCKY CIRCLE GROUND OWNER 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-SECOND DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "4050 ROCKY

CIRCLE GROUND OWNER LLC" WAS FORMED ON THE NINETEENTH DAY OF

NOVEMBER, A.D. 2019.

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



Authentication: 204071597

Date: 11-22-19