

M200000008542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

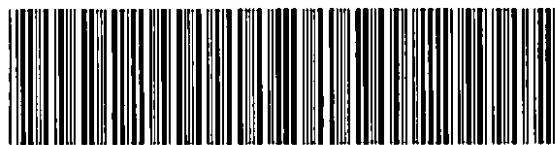
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
2020 SEP 30 PH 2:18  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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2020 SEP 30 PH 4:10  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

US  
10/1/20

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 441096 7561543  
AUTHORIZATION : *Sybil Coleman*  
COST LIMIT : \$ 125.00

ORDER DATE : September 29, 2020  
ORDER TIME : 10:26 AM  
ORDER NO. : 441096-005  
CUSTOMER NO: 7561543

2020 SEP 30 PM 4:10  
7561543

FOREIGN FILINGS

NAME: HIGHPOINT - CABRILLO, 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

TO: Registration Section  
Division of Corporations

SUBJECT: Highpoint - Cabrillo, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Legal Department/ c/o Anne Ruivivar  
Name of Person

GK Management Co., Inc.  
Firm/Company

5150 Overland Avenue  
Address

Culver City, CA 90230  
City/State and Zip Code

aruivivar@goldrichkest.com  
E-mail address: (to be used for future annual report notification)

2018 SEP 30 PM 4: 10

For further information concerning this matter, please call:

<u>Anne Ruivivar</u>	at ( <u>310</u> )	<u>280-5032</u>
Name of Contact Person	Area Code	Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee   
 \$130.00 Filing Fee & Certificate of Status   
 \$155.00 Filing Fee & Certified Copy   
 \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Highpoint - Cabrillo, 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. (FEI number, if applicable)

4. upon filing
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 5150 Overland Avenue (Street Address of Principal Office) Culver City, CA 90230
6. 5150 Overland Avenue (Mailing Address) Culver City, CA 90230

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 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.

By: Amanda E. Robinson (Registered agent's signature)

Amanda Robinson
Asst. Vice President

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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]:

**Title or Capacity:**  Manager  
**Name and Address:** Barry Cayton, Manager of JG Group GP, LLC,  
 Name: a General Partner of Cabrillo Springs, L.P.  
 Address: 5150 Overland Avenue  
Culver City, CA 90230  
 Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager  
**Name and Address:** Ezra Kest, Manager of SK Group GP, LLC,  
 Name: a General Partner of Cabrillo Springs, L.P.  
 Address: 5150 Overland Avenue  
Culver City, CA 90230  
 Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager  
**Name and Address:** Susan Hirsch Wohl, Manager of RH Group  
 Name: GP, LLC, a General Partner of Cabrillo Springs, L.P.  
 Address: 5150 Overland Avenue  
Culver City, CA 90230  
 Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager  
**Name and Address:** Jody S. Lindell, Chief Executive Officer of S.G.  
 Management, Inc., Manager of RIS Group GP,  
 Name: L.P., a General Partner of Cabrillo Springs, L.P.  
 Address: 5150 Overland Avenue  
Culver City, CA 90230  
 Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

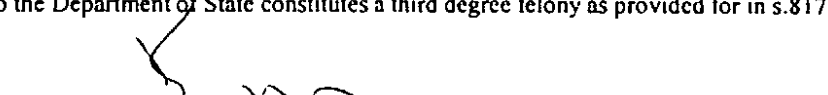
**Title or Capacity:**  Manager  
**Name and Address:** Warren L. Breslow, Manager of WLB Group GP LLC,  
 Name: a General Partner of Cabrillo Springs, L.P.  
 Address: 5150 Overland Avenue  
Culver City, CA 90230  
 Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager  
**Name and Address:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Person  
 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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 Barry Cayton, Manager of JG Group GP, LLC,  
 a General Partner of Cabrillo Springs, L.P.  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIGHPOINT - CABRILLO, 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIGHPOINT - CABRILLO, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2020.

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

2020 SEP 30 PM 4:10



  
Jeffrey W. Bullock, Secretary of State

3712519 8300

SR# 20207554273

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

Authentication: 203761409

Date: 09-30-20