

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (407)843-4444
Attn: Tami D. 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: _____

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2020 DEC 29 PM 2:25

Foreign Limited Liability Company
Foundry Lakeside Station Developer, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

DEC 30 2020

M. SOLOMON

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Corporate Filing Menu

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2020 DEC 29 AM 10:40

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 Lakeside Station 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. _____
(FEI number, if applicable)

4. Upon qualification

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

5. 420 S. Orange Avenue
(Street Address of Principal Office)

6. 420 S. Orange Avenue
(Mailing Address)

Suite 400

Suite 400

Orlando, Florida 32801

Orlando, Florida 32801

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

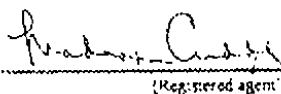
Name: NRAI Services, Inc.

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.

 Madonna Cuddihy, Assistant Secretary
(Registered agent's signature)

RECEIVED
FLORIDA SECRETARY OF STATE
JUL 15 2009
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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: Name and Address:
☐ Manager Name: Foundry Commercial, LLC
☒ Member Address: 420 S. Orange Avenue
Suite 400
☐ Authorized Person Orlando, Florida 32801
☐ Other ☐ Other

☐ Manager Name: Paul B. Ellis
☐ Member Address: 420 S. Orange Avenue
Suite 400
☐ Authorized Person Orlando, Florida 32801
☒ Other VP ☐ Other

☐ Manager Name: Kevin R. Maddron
☐ Member Address: 420 S. Orange Avenue
Suite 400
☐ Authorized Person Orlando, Florida 32801
☒ Other XXX Secretary/Treasurer ☐ Other

Title or Capacity: Name and Address:
☐ Manager Name: Pryse R. Elmi
☐ Member Address: 420 S. Orange Avenue
Suite 400
☐ Authorized Person Orlando, Florida 32801
☒ Other President ☐ Other

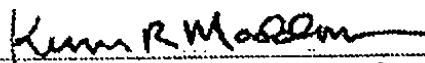
☐ Manager Name: Scott Renaud
☐ Member Address: 420 S. Orange Avenue
Suite 400
☐ Authorized Person Orlando, Florida 32801
☒ Other VP ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized Person _____
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Not 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

Kevin R. Maddron, Secretary and Treasurer

Typed or printed name of signer

2020 DEC 29 AM 10:25
FILED
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOUNDRY LAKESIDE STATION 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-FIRST DAY OF DECEMBER, A.D. 2020.

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



4279962 8300

SR# 20208719706

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

A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204383838

Date: 12-21-20