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	Division of C	orporations	35. 20
	Fax Number	: (850)617-6383	SECRE TALE
From:			್ರಿ.ನ ಹ
	Account Name	: LOWNDES, DROSDICK, DOSTER, K	ANTOR & REED & P.A.L.
	Account Numbe	r : 072720 00 0036	
	Phone	: (407)843-4600	
	Fax Number	: (407)843-4444	מיין ב
	Attn: Tami D. Pa	, -	18 F

Foreign Limited Liability Company Foundry District 79 Developer, LLC

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

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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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Foundry District 79 Dev	veloper, LLC							
	(Name of Foreign (imited Liability Company; must include "Lin	nited Liabilit	y Company," "L L.C.," or "LLC	.")				
af	ame umvailable, enier alternate na	me adopted for the purpose of transacting business in	Florida. The a	lternate name must include "Limited.	Liability Company."	"L L.C," (or "LLC.")		
	Delaware			86-1924965					
2.	2. (Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)					
1	Upon qualification					202			
ᅻ,		(Date first transacted business in Florida, if prior (See sections 505.0904 & 605.0905, F.S. to dete	r to registration ermine penalty	n) liabdiry)		2021 FEB			
5.	420 S. Orange Avenue		6.	420 S. Orange Avenue		B - 8	Current Contract Cont		
٠,	(Street Address of P	nncipal Office)		(Mailing A	in 🗢	PĦ			
	Suite 400			Suite 400	मिल एउट				
	Orlando, Florida 32801			Orlando, Florida 32801	- AIN	င္မ်ာ			
7.	Name and street addres	s of Florida registered agent: (P.O. B	Box <u>NOT</u>	acceptable)					
	Name:	NRAI Services, Inc.							
	Office Address:	1200 South Pine Island Road							
		Plantation		33324 . Florida					
		(City)			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.

Registered agent's signature)

Madonna Cuddihy, Assistant Secretary

8.	For initial indexing purposes	, list names,	title or capacity	and addresses of the	e primary r	members/managers o	r persons author	rized to
ma	nage [up to six (6) total]:							

Passley, Tami

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐Manager	Name: Foundry Commercial, LLC	Manager	Name: Pryse R. Elam
■ Member	Address: 420 S. Orange Avenue	☐ Member	Address: 420 S. Orange Avenue
Authorized	Suite 400	Authorized	Suite 400
Person	Orlando, Florida 32801	Person	Orlando, Florida 32801
Other	Other	Other President	Other
Manager	Name: Paul B. Ellis	☐ Manager	Name: Scott Renaud
Member	Address: 420 S. Orange Avenue	☐ Member	Address: 420 S. Orange A Panue
Authorized	Suite 400	Authorized	Address: 420 S. Orange Aggine Suite 400
Person	Orlando, Florida 32801	Person	Orlando, Florida 32801
Other Vice Presi	dent Other	Other_Vice President	dent Signer Francisco
☐Manager	Name: Kevin R. Maddron	Manager	Name:
Member	Address: 420 S. Orange Avenue	Member	Address:
Authorized	Suite 400	Authorized	
Person	Orlando, Florida 32801	Person	
Other_Secretary	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Kwint Marsham				
	Signature of an authorized person			
Kevin R. Maddron				
	Typed or printed name of signee			



Passley, Tami

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOUNDRY DISTRICT 79 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 EIGHTH DAY OF FEBRUARY, A.D. 2021.

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





4962954 8300 SR# 20210364850 Authentication: 202459466

Date: 02-08-21