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21 APR - 1 PM 2:54

2021 APR - 1 AM 9:38

APPROVED
AND
FILED

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

ACCOUNT NO. : I20000000195

REFERENCE : 737101 4813078

AUTHORIZATION :

COST LIMIT

[Signature]
\$ 125.00

ORDER DATE : March 30, 2021

ORDER TIME : 9:31 AM

ORDER NO. : 737101-010

CUSTOMER NO: 4813078

FOREIGN FILINGS

NAME: LLB APARTMENT HOLDINGS, 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: Eyliena Baker -- EXT# 61594

EXAMINER: _____

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. LLB Apartment Holdings, 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1375 East Buena Vista Drive 6. 1375 East Buena Vista Drive
(Street Address of Principal Office) (Mailing Address)
Floor 4N, Office 401 Floor 4N, Office 401
Lake Buena Vista, FL 32830 Lake Buena Vista, FL 32830

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)

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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 Service Company
By: Shirley E. Blum
(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:**

☐ Manager Name: Jeffrey N. Vahle

☐ Member Address: 1375 East Buena Vista Drive

☐ Authorized Lake Buena Vista, FL 32830

Person _____

☒ Other Vice President ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Gary Neil Simmons

☐ Member Address: 3403 E. Vista Blvd.

☐ Authorized Lake Buena Vista, FL 32830

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: John M. McGowan

☐ Member Address: 1375 East Buena Vista Drive

☐ Authorized Lake Buena Vista, FL 32830

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Sean J. Roberts

☐ Member Address: 1375 East Buena Vista Drive

☐ Authorized Lake Buena Vista, FL 32830

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Aaron H. Solomon

☐ Member Address: 1170 Celebration Blvd

☐ Authorized Celebration, FL 34747

Person _____

☒ Other Asst. Secretary ☐ Other _____

☐ Manager Name: Chakira H. Gavazzi

☐ Member Address: 500 South Buena Vista St.

☐ Authorized Burbank, CA 91521

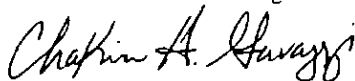
Person _____

☒ Other Secretary ☐ 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

Chakira H. Gavazzi, Secretary

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LLB APARTMENT HOLDINGS, 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 THIRTY-FIRST DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LLB APARTMENT HOLDINGS, LLC" WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

5035137 8300

SR# 20211126765

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

Authentication: 202868431

Date: 03-31-21